
Indiana Fetal Death Registry System (IFDRS)

Using IFDRS

End User Guide
Local Health Department



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What is Indiana Fetal Death Registry System?

Effective 1/1/2011, IC 16-37-3-3 requires the mandatory usage of the Indiana Fetal Death Registration System (IFDRS) for the recording of all fetal deaths in Indiana.

IC16-37-3-3

Certificate of death or stillbirth; filing

Sec. 3. (a) The person in charge of interment shall file a certificate of death or of stillbirth with the local health officer of the jurisdiction in which the death or stillbirth occurred.

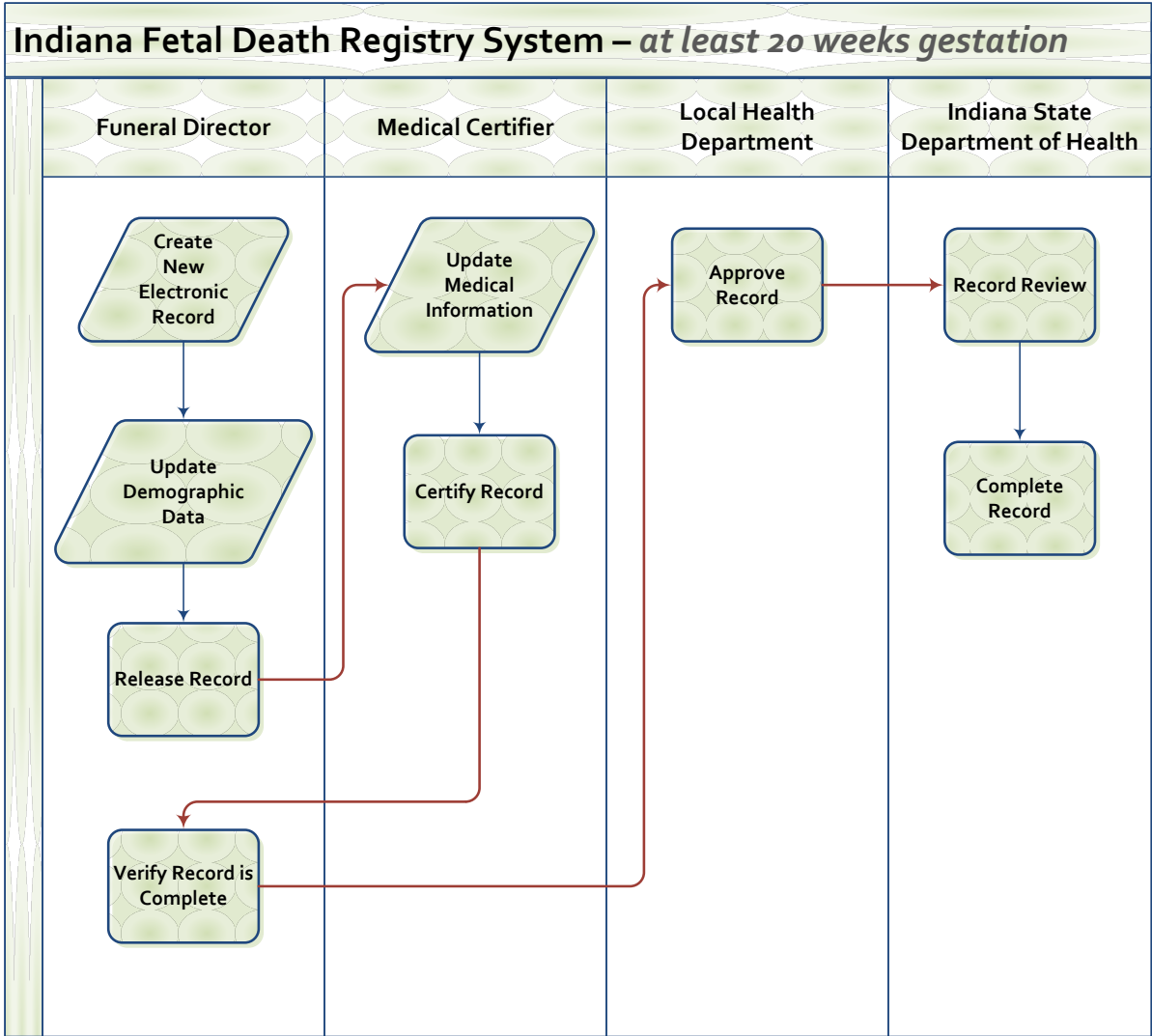
(b) Notwithstanding subsection (a), beginning January 1, 2011, the person in charge of interment shall use the Indiana death registration system established under IC 16-37-1-3.1 to file a certificate of death with the local health officer of the jurisdiction in which the death occurred. The local health officer shall retain a copy of the certificate of death.

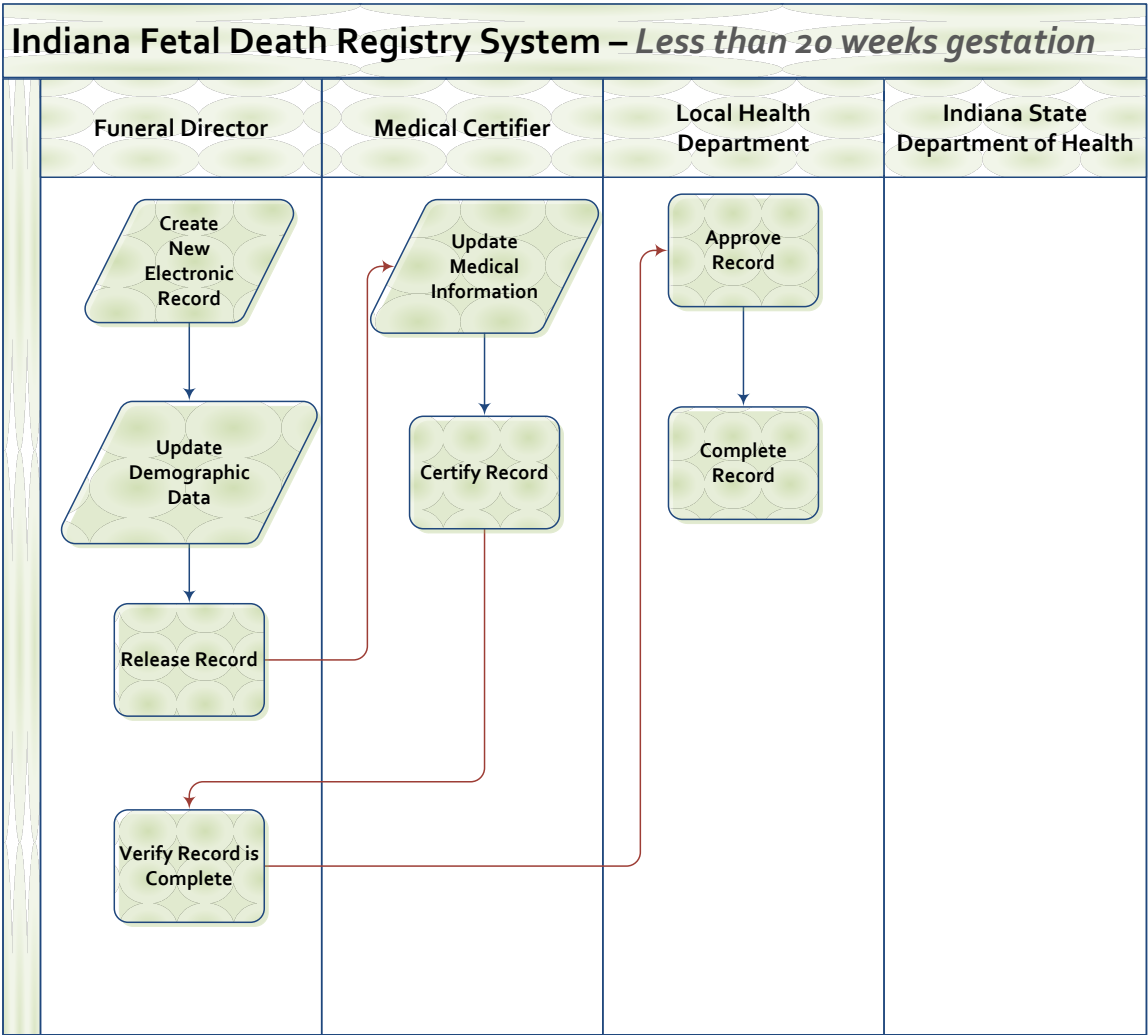
As added by P.L.2-1993, SEC.20. Amended by P.L.61-2009, SEC.8.

Key Terms

Key Terms	Definitions
EFDR	Electronic Fetal Death Registration Number
BTP#	Burial Transit Permit Number
SFD	State File Date
SFN	State File Number
LFD	Local File Date
LFN	Local File Number
View	Select View from a results window to open a specific record
Extracts	Extract process will extract a pre-determined data set when selected
PIN#	Your unique PIN# is assigned at the time of completion of the User Agreement. This PIN# is your electronic signature when certifying records.
Medical Certification	Certification done by a physician or coroner that certifies that the medical portion of the death record is accurate and complete.
Reports	Not available at this time ~ Future Development
Record Actions	Tab located on the right side of a record that allows access to perform certain functions for a record.
Event History	Tab located on the right side of a record that allows you to view all actions taken on a specific record.
Relinquished	If the Funeral Home that originally entered a record is contacted by the family and notified that they desire the services of a different funeral home, the Funeral Home of Record will 'Relinquish' the record by removing their designation on the record as the Funeral Home of Record.
Queues	Depending on your role, work queues are available that present records in various categories.
Notifications	Notifications are alerts that actions have been taken on a record
Verifications	Verification is required to complete a Record and is completed by the Funeral Director.
Workflow	Workflow is the presentation of records that is assigned to you to that some action is required.

IFDRS Process Flows Overview





System Access

System Requirements:

Prior to making any attempts to access the Indiana Fetal Death Registry System, please verify that your computer meets the following requirements.

1. Live Internet Connection
2. Widely used standard web browser (preferably Internet Explorer 6.0 or higher)
3. Acrobat Reader
4. Also, it is recommended, (but not required) that your PC should have a minimum of 2GB of memory.

Login and Password:

A login and password is required to access the Indiana Fetal Death Registry System. This must be obtained in advance by contacting ISDH.

- All users who have access to IDRS as of 12/22/2010 will be migrated to IFDRS and will receive an email with credentials and the Web site address. You will receive your Password & PIN in another email.
- January 1, 2011, **new users** will need to complete a User Agreement and return to the State of Indiana Department of Health Vital Records. Credentials will be verified and a Login, password, and PIN will be generated and communicated in separate emails. User Agreements can be found on-line at <https://myweb.in.gov/ISDH/IDRSThin/>

System Security:

IFDRS has several built in security features such as but not limited to:

1. Secure Login process
2. Automatic log off if inactive for 10 minutes
3. Credentialing process before assigning User Names, Temporary Passwords, and PIN#s
4. New passwords are required at the time of initial login
5. Passwords requirements:
 - a. Eight char minimum, and
 - b. Upper and lower case letters, and
 - c. Numeric characters
6. Passwords will expire in 365 days

Local Health Departments Role in the IFDRS:

Local Health Departments will have permissions to perform certain functions in the Indiana Fetal Death Registry System. Permissions are controlled by your login. If you feel that you do not have permissions to perform a needed function, please contact the System Administrator. Based on your permissions you will be able to perform some or all of the following functions:

1. Search for existing records
2. Process items that are in your work queues
3. Accept or Reject Fetal Death Records
4. Add Paper Records prior to 1/1/2011
5. Demographic Corrections
6. Medical Amendment Processing
7. Perform Local Health Department Extracts
8. Generate Reports

There are 2 types of records, less than 20 weeks gestation and 20 weeks or more gestation. Only records that are 20 weeks or more gestation will be forwarded to the ISDH.

IFDRS Login Process:

Access the Indiana State Department of Health Gateway

The ISDH **Gateway** Page is the first page you see after you access the web page. This is where you will login under the Secure Account Sign In.

1. Enter your User Name and Password and select Sign in.
→ If logging in for the first time, the system will direct you to create a new password after you have logged in with the temporary password.
2. After you have successfully logged in, you will be redirected to IFDRS Profile Screen.

**INDIANA STATE DEPARTMENT OF HEALTH
STATE HEALTH GATEWAY
(Test/QA)**

Login Recover Password Register User Help

State Health Gateway Messages

Please note the <https://healthdatacenter.isdh.in.gov> URL has changed to <https://gateway.isdh.in.gov>. If you are still receiving a "security certificate" warning page, please update your link or bookmark to <https://gateway.isdh.in.gov>.

The Indiana State Department of Health – State Health Gateway is a health portal dedicated to providing information and services to health care professionals, labs, local health departments, and Health Information Exchanges (HIE) in Indiana.

The State Health Gateway web portal is a comprehensive entry point for a huge array of resources and services. Our portal provides information and resources, news, research and statistics, online tools, discussions and newsletters pertaining to Indiana health and the delivery of health care information.

The use of this portal is restricted to health care professionals working in Indiana communities and organizations. Registration is required in order to access information or services available within this portal. This site is organized and maintained by Indiana Office of Technology and Compliance (OTC).

Secure Account Sign In

User Name

Password

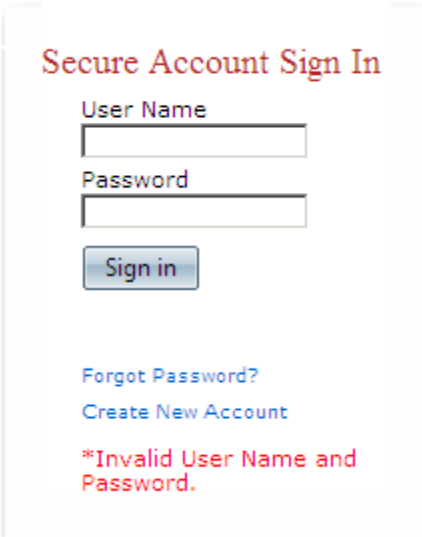
[Forgot Password?](#)
[Create New Account](#)

ISDH News H1N1 Info Public Health Preparedness Health IT / HIE

**Gregory N. Larkin, M.D. FAAFP
State Health Commissioner
Indiana State Department of Health (ISDH)**

Dr. Larkin was appointed by Governor Mitch Daniels as the Indiana State Health Commissioner in March 2010. At that time, he was asked by the governor to continue the state's progress in immunizing children, reporting and reducing medical errors, and changing the health culture of Indiana.

3. If your login attempt fails you will receive the below message. Enter your User Name and Password again.



The image shows a web form titled "Secure Account Sign In" in red text. Below the title are two input fields: "User Name" and "Password", each with a text box. Below these fields is a blue "Sign in" button. Under the button are two links: "Forgot Password?" and "Create New Account", both in blue text. At the bottom of the form, there is a red error message: "*Invalid User Name and Password."

4. If you are unable to login, you can follow the Forgot Password prompt or contact the Electronic Register Helpdesk @ 317-233-7989.

IFDRS Profile Screen

The Profile Screen has several functions:

1. Allows you to view the profile information for your login and allows you to make changes in the My Profile page at the top of the screen.
2. Provides important messages concerning the Gateway such as scheduled system downtime.
3. Quick Info Links
4. Provides entry to the Fetal Death System by selecting the Tab.



5. Once you select the Fetal Death tab, depending on your login you will either be directed to the Location page or the IFDRS Start Page.

IFDRS Start Page

The IFDRS **Home** Page is the first page you see after you login and select your location (if multiple locations). The **Home** Page contains four panes.

1. The **Title** pane on the top contains your login information which includes the location as well as a Logout button.
2. **Process Tabs** are directly under the Title pane and provide you navigation to specific areas of the IFDRS.
3. The **Left Bar** gives you access to perform system related functions including a FAQ as well as provides scrolling information that provides you with important information such as scheduled system maintenance.
4. The **Workflow** pane is where you will see pending items as well as notifications.

INDIANA STATE DEPARTMENT OF HEALTH
Indiana Fetal Death Registration System

Home

Logged in as Debra Johnson - LHD APPROVER
MARION COUNTY HEALTH DEPARTMENT
Gateway Home | Logout

Home Functions Queues Reports Extracts Help

User Document
Help Desk
FAQ
User Printer Setup

NAPHIS
NCHS

Important Info:
Important information goes here.

Workflow

Less than 48 Hours Cremation General

Work Flow Item	Number of Records
No records to display.	

Overdue

Notifications

Delete Notifications

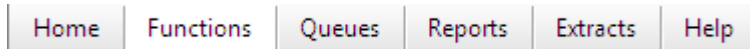
<input type="checkbox"/>	EFDR#	Description	Entered By	Date
No records to display.				

From the Home page you can:

- Access workflow or notifications



- Access the Process Tabs where you can:



- **Functions Tab:**

- Search for existing records
- Add new records

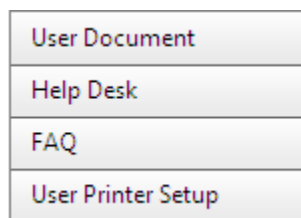
- **Queues Tab:**

- View your **General** work queue
- View Notifications
- View Records to be Approved
- Demographic Resubmits to be approved
- Medical Resubmits to be approved

- **Reports Tab : (This feature is not available at this time ~Future Development)**

- **Extract Tab:** Perform a LHD Extract process
- **Help Tab:** View a mock up of a Fetal Death Form

- Access the Left Bar Function Tabs:



- **User Document:** Allows you to view the IFDRS user documents.
- **Help Desk:** Provides you with information on how to contact the Help Desk.
- **FAQ:** Provides a list of frequently asked questions.
- **User Printer Setup:** Allows you to set up your printer to have print capability in the IFDRS.

Approve or Reject a Record ~ Less than 20 weeks and 20 weeks or more

Procedure

Approve Record

Introduction

Use these steps to review and Approve or Reject a record.

You can access records that are Ready for Approval 2 ways.

1. From the Home Workflow 'Ready for Approval' to approve individual records;
or

Indiana State Department of Health
Indiana Petal Death Registration System

Home

Logged in as Debra Johnson - LHD APPROVER
MARION COUNTY HEALTH DEPARTMENT
Gateway Home Logout

Home Functions Queues Reports Extracts Help

User Document
Help Desk
FAQ
User Printer Setup

NAPHSIS
NCHS

Maintenance System

Workflow

Less than 48 Hours Cremation General

Work Flow Item	Number of Records
Ready for Approval	1

EFDR#	Fetus Name	Date of Delivery	Mother	LHD	Gestation	# of days	
298	BabyD, Doe	11/20/2010	Jane, Doe	MARION COUNTY HEALTH DEPARTMENT	More than 20 weeks	0	View

Overdue

2. By accessing the Records to be approved Queue for approving either multiple records at one time, or individual records.

Queues Reports Extracts Help

General Queues
Notification(s)
Records to be approved

Demographic Resubmits to be approved
Medical Resubmits to be approved

Records to be Approved Print Approved Records

Display Search Options

Approve Reject View Test Print Refresh

	ID	Record Type	Fetus Name	# of Days	Time of delivery	Date of Delivery	Started By	Report
<input type="checkbox"/> Details	330	IDENTIFIED	BabyV, Doe	6	09:10	11/16/2010	LHD	View
<input type="checkbox"/> Details	295	IDENTIFIED	NameX, Doe	6	05:15	11/17/2010	LHD	View
<input type="checkbox"/> Details	331	IDENTIFIED	NameZ, Doe	8	06:10	09/30/2010	LHD	View
<input type="checkbox"/> Details	350	IDENTIFIED	BabyA, Doe	0	11:10	11/20/2010	LHD	View

INDIANA STATE DEPARTMENT OF HEALTH
Indiana Fetal Death Registration System

Logged in as Debra Johnson - LHD APPROVER
MARION COUNTY HEALTH DEPARTMENT
Gateway Home Logout

Home Functions Queues Reports Extracts Help

Records to be Approved Print Approved Records

From Date (Date of Delivery): To Date (Date of Delivery):

SFN Start: SFN End: Year:

LFN Start: LFN End: ☐ Pending for printing

Reset Search

The **Approve Records** window is made up of 2 Tabs:

- Records to be Approved
- Print Approved Records

The **Records to be Approved Tab** allows you to:

- Approve all records at same time or individually
- Reject all records at same time or individually
- View Test Print
- Refresh page
- Extract Data in Excel; PDF, CSV, or Word formats

The **Print Approved Records Tab** allows you to print records based on certain criteria.

Steps to Follow**Approve Records Tab:****Approve Records from Queue Tab:**

1. From the Queue Tab, select '**Records to be approved**'.

Queues | Reports | Extracts | Help

General Queues | Demographic Resubmits to be approved
Notification(s) | Medical Resubmits to be approved
Records to be approved

Records to be Approved | Print Approved Records

Display Search Options

Approve | Reject | View Test Print | Refresh

		ID	Record Type	Fetus Name	# of Days	Time of delivery	Date of Delivery	Started By	Report
<input type="checkbox"/>	Details	330	IDENTIFIED	BabyV, Doe	6	09:10	11/16/2010	LHD	View
<input type="checkbox"/>	Details	295	IDENTIFIED	NameX, Doe	6	05:15	11/17/2010	LHD	View
<input type="checkbox"/>	Details	331	IDENTIFIED	NameZ, Doe	8	06:10	09/30/2010	LHD	View
<input type="checkbox"/>	Details	350	IDENTIFIED	BabyA, Doe	0	11:10	11/20/2010	LHD	View

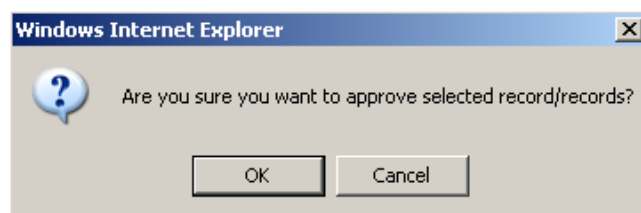
2. The queue will display all records that are ready to be approved. You can select either:
 - a. All records by checking them on the left side of the results list; or
 - b. View individual records and release individually.

3. Select Records to be Approved:

- a. **All Records:** Select check box in the 'blue' column heading, this will select all records.
- b. **Select one or more records:** Select check box next to the record or records you want to release
- c. **Individual Record:** You can either select an individual record by selecting the check box, or you can select 'View' and open the record. You can approve by opening the Record Actions Tab on the right.

4. Select Approve:

- a. You will receive the below prompt:

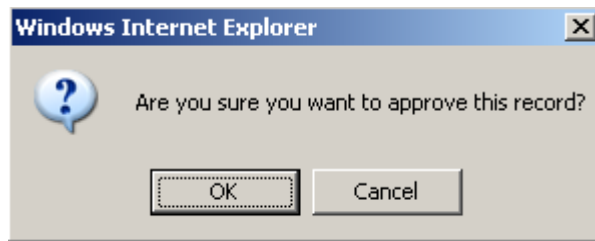
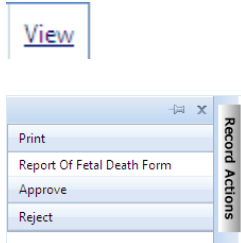


d. Select:

- i. Ok to continue, the records you have selected will be moved to approved status and you will be returned to the Approved Records window; or
- ii. Cancel to return to results list.

Approving Records in the Individual Record:

- a. Select 'View' records from the results list.
- b. Select Record Action Tab.
- c. Are you sure you want to approve this record prompt?
 - i. Ok to continue and approve record
 - ii. Cancel to return to record



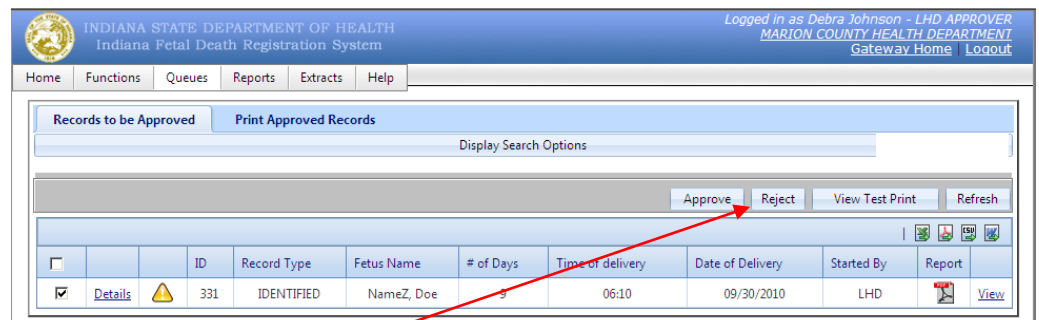
- d. Ok moves record to approved and completed status. You will be returned to the Record page with a complete status.

- e. Once a record has been approved you now have the capability to print needed documents. From the Record Actions tab you can:
 - iii. Print
 - iv. Print or view a Report of Fetal Death Form with watermark, "Not for Official Use"
 - v. Void
 - vi. Amendments
 - vii. Record Flags
 - viii. Issuance
 - ix. Report of Fetal Death Certificate
 - x. Certificate of Birth Resulting in Stillbirth

Steps to Follow**Reject Records**

After you have reviewed a record and determined that you need to reject that record:

1. Return to the Records to be approved queue.
2. Select record that you want to reject by checking the box for that record(s).



Indiana State Department of Health
Indiana Fetal Death Registration System

Logged in as Debra Johnson - LHD APPROVER
MARION COUNTY HEALTH DEPARTMENT
Gateway Home Logout

Home Functions Queues Reports Extracts Help

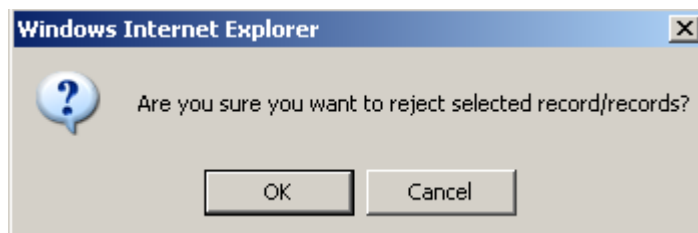
Records to be Approved Print Approved Records

Display Search Options

Approve Reject View Test Print Refresh

	ID	Record Type	Fetus Name	# of Days	Time of delivery	Date of Delivery	Started By	Report
<input checked="" type="checkbox"/>	331	IDENTIFIED	NameZ, Doe	9	06:10	09/30/2010	LHD	View

3. Select Reject
4. Answer prompt:
 - a. OK will complete the reject process and return you to the Results Page;
 - b. Cancel will return you to the Results Page



Steps to Follow

5. Records that have been rejected will go to certain work queues based on who started the initial record.
 - a. Initial Records:
 - i. Electronic records started by Funeral Director will go to the FD queue.
 - b. Resubmits:
 - i. Demographic Resubmits that are rejected will go to the Funeral Director.
 - ii. Medical Resubmits that are rejected will go to the Medical Certifier.

Print Approved Records Tab:

The Print Approved Records Tab allows you to print one or more records using certain input criteria.

INDIANA STATE DEPARTMENT OF HEALTH
Indiana Fetal Death Registration System

Logged in as Debra Johnson - LHD APPROVER
MARION COUNTY HEALTH DEPARTMENT
Gateway Home Logout

Home Functions Queues Reports Extracts Help

Records to be Approved Print Approved Records

From Date (Date of Delivery): To Date (Date of Delivery):

SFN Start: SFN End: Year:

LFN Start: LFN End: ☐ Pending for printing

Reset Search

1. Return to the Records to be approved queue.
2. Select the Print Approved Records Tab
3. Enter search criteria
 - a. Enter information in one or more of the below fields; and/or
 - i. **From Date (Date of Delivery):**
 - ii. **To Date (Date of Delivery):**
 - iii. **SFN Start:**
 - iv. **SFN End:**
 - v. **Year:**
 - vi. **LFN Start:**
 - vii. **LFN End:**
 - b. Check '**Pending for printing**'
4. Select **Reset** or **Search**:
 - a. **Reset** will clear the data previously entered
 - b. **Search** will perform the search based on criteria entered and return a results window.

Print Selected View Test Print										
<input type="checkbox"/>	ID	Record Type	Fetus Name	# of Days	Time of delivery	Date of Delivery	Started By	LFN	SFN	Report
<input type="checkbox"/>	Details 330	IDENTIFIED	BabyV, Doe	7	09:10	11/16/2010	LHD	100005	100005	View
<input type="checkbox"/>	Details 295	IDENTIFIED	NameX, Doe	7	05:15	11/17/2010	LHD	100006	100006	View
<input type="checkbox"/>	Details 350	IDENTIFIED	BabyA, Doe	1	11:10	11/20/2010	LHD	600005	600005	View
<input type="checkbox"/>	Details 251	IDENTIFIED	Infant, two	33	15:00	10/20/2010	FUNERALHOME	100001	100001	View
<input type="checkbox"/>	Details 270	IDENTIFIED	Infant, Three	33	18:00	10/20/2010	FUNERALHOME	600001	600001	View
Page size: 5										18 items in 4 pages

5. The Results Window allows you to view the Details of a record or View the actual record.
6. You can view the individual report by:
 - a. Selecting the PDF Icon for the specific record; or
 - b. Check the box for the record and then select View Test Print.
7. **Print Selected** will display all records selected in PDF format with watermark "Not for Official Use". Once you have viewed/and or printed you can close the window by clicking on the 'X'

Report of Fetal Death - 251,270

(spontaneous or induced losses or ectopic pregnancies)

28b. NOW DEAD 28a. OTHER OUTCOMES

29c. DATE OF LAST LIVE BIRTH 29b. DATE OF LAST OTHER PREGNANCY OUTCOME 31. DATE LAST NORMAL MENSTRUATION BEGAN 32. PLURALITY

33. MOTHER TRANSFERRED FOR MATERNAL, MEDICAL OR FETAL INDICATIONS FOR DELIVERY? 34. RISK FACTORS IN THIS PREGNANCY (check all that apply) 35. INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY

36. Was a Standard Licensed Diagnostic Test for HIV Performed? 37. Test Given During or at Delivery: 38. At Delivery: 39. If the test Given Specify Date

../Forms/ReportForm.aspx?


Tips and Notes

As with other Results windows in the IFDRS, there are user friendly features such as ability to sort by column headings, moving between Tabs, and ability to extract data in various formats.

More Info


Search for a Record

Functions	Queues	Reports	Extracts	Help
Search		Add New Record		

 INDIANA STATE DEPARTMENT OF HEALTH Indiana Fetal Death Registration System	Logged in as Debra Johnson - LHD APPROVER MARION COUNTY HEALTH DEPARTMENT Gateway Home Logout	
	Home Functions Queues Reports Extracts Help	

General		Advanced	
Fetus			
First Name:	Middle Name:	Last Name:	Gender: <input type="text"/>
General			
Record Type: <input type="text"/>	EFDR#: <input type="text"/>	Date Of Delivery: MM <input type="text"/> DD <input type="text"/> YYYY <input type="text"/>	
Record Status: <input type="text"/>	BTP #: <input type="text"/>	Date Of Delivery Range: <input type="text"/> to <input type="text"/>	
Gestation: <input type="text"/>	Coroner Case #: <input type="text"/>	LHD Name: <input type="text" value="ADAMS COUNTY HEALTH DEPARTMENT"/>	
Place Of Delivery Type: <input type="text"/>		Place Of Delivery: <input type="text"/>	
		<input type="button" value="Search"/> <input type="button" value="Reset"/>	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Overdue			

General		Advanced	
Funeral Home: <input type="text"/>		Funeral Director: <input type="text"/>	
Medical Facility: <input type="text"/>		Medical Certifier: <input type="text"/>	
Mother			
First Name: <input type="text"/>	Middle Name: <input type="text"/>	Last Name: <input type="text"/>	Maiden Name: <input type="text"/>
Father			
First Name: <input type="text"/>	Middle Name: <input type="text"/>	Last Name: <input type="text"/>	
File Date And Number			
SFN: <input type="text"/>	SFD: <input type="text"/>	LFN: <input type="text"/>	LFD: <input type="text"/>
Case Recognition			
<input type="checkbox"/> Facility Registered	<input type="checkbox"/> LHD Registered		
<input type="checkbox"/> Funeral Home	<input type="checkbox"/> State Registered		
		<input type="button" value="Search"/> <input type="button" value="Reset"/>	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Overdue			

Procedure	Search for a Record
Introduction	<p>Use these steps to search for an existing record in the IFDRS. This function will search for records based on the input criteria and return possible matches in a results list. From there you can view the Details of the record, View the entire record, and view the Report which is a Not for Official Use version of the Certificate of Fetal Death in PDF format.</p> <p>Also, the Search function has a General and an Advanced Search Tab.</p> <p>Please note, when using the Advanced Search Tab you must first enter a minimum of the Year in the Date of Delivery field located in the General Tab.</p>
Steps to Follow 	<p>General Search</p> <ol style="list-style-type: none"> 1. Access IFDRS 2. Click the Search under the Functions tab. 3. Enter the Fetus Information: These fields are not mandatory, but will improve the search results. <ol style="list-style-type: none"> a. First Name b. Middle Name c. Last Name d. Gender <i>Select from drop down box</i> 4. Enter General Information <ol style="list-style-type: none"> a. Select Record Type b. Select Record Status c. Select Gestation d. Enter EFDR# e. Enter BTP# f. Enter Coroner Case# g. Enter Date of Delivery <ol style="list-style-type: none"> i. MM: Month ii. DD: Day iii. YY: Year (<i>required field</i>) h. Enter Date of Delivery Range <ol style="list-style-type: none"> i. MM/DD/YY to MM/DD/YY i. Select LHD from drop down box j. Select Place of Delivery Type k. Select Place of Delivery 5. Select Search, Reset, or Advance Tab

<div data-bbox="240 195 451 237"> <div>Search</div> <div>Reset</div> </div>	<ol style="list-style-type: none"> a. Search: will perform a search based on the criteria entered in the General Tab and display the Results Window with data, or display the Results Window with the message 'No records to display'. b. Reset: will clear any data entered in the input criteria fields. c. Advanced Tab: will allow you to enter additional information for your search. <p>Advanced Search</p> <ol style="list-style-type: none"> 1. Enter data in the General Tab (see above input criteria)) 2. Enter as much of the following fields as needed for your specific search. <ol style="list-style-type: none"> a. Funeral Home Name b. Enter Funeral Director Name c. Enter Medical Facility Name d. Enter Medical Certifier Name e. Enter Mother Name Information <ol style="list-style-type: none"> i. First Name ii. Middle Name iii. Last Name iv. Maiden name f. Enter Father Name Information <ol style="list-style-type: none"> i. First Name ii. Middle Name iii. Last Name g. File Date And Number <ol style="list-style-type: none"> i. SFN: ii. SFD: MM/DD/YYYY iii. LFN: iv. LFD: MM/DD/YYYY h. Case Recognition <ol style="list-style-type: none"> i. Facility Registered ii. Funeral Home iii. LHD Registered iv. State Registered
---	--

Search









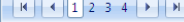
Reset

3. Select Search or Reset

- a. **Search:** will perform a search based on the criteria entered in the General Tab and display the Results Window with data, or display the Results Window with the message 'No records to display'.
- b. **Reset:** will clear any data entered in the input criteria fields.

Select Record

The results page display the Results Window with data, or display the Results Window with the message 'No records to display'. The results window has several user friendly features.

 Approved  Overdue								
	Status	ID	Record Type	Fetus Name	Time of delivery	Date of Delivery	Started By	Report
Details		289	IDENTIFIED	Baby A, Doe	05:10	10/30/2010	FUNERALHOME	 View
Details		287	IDENTIFIED	fetal, fetaldeath	11:02	11/05/2010	FUNERALHOME	 View
Details		285	IDENTIFIED	John, Testing	01:10	10/20/2010	FUNERALHOME	 View
Details		281	IDENTIFIED	Baby C, Test	01:01	10/10/2010	FUNERALHOME	 View
Details		276	IDENTIFIED	Infant, Nine	08:09	10/17/2010	FUNERALHOME	 View
 Page size: 5 17 items in 4 pages								

1. Ability to **sort** on any column heading.
2. **Status Column** that provides a quick visual for records that are Approved or Overdue.
3. **Details:** when you select details of the one of Search Results, the Details Window will appear below the search results and provide basic data of the record under each tab.

More Information

Event History

Change History

Record Flags



Issuance History


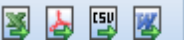
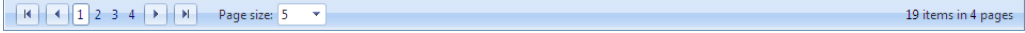
Notification History

Overrides

a. More Information:

- i. Fetus Information
- ii. Mother Information
- iii. Father Information
- iv. Funeral Director/Certifier Information

b. Event History**c. Change History****d. Record Flags****e. Issuance History****f. Notification History****g. Overrides**
 Approved
  Overdue

<p>Report</p>  <p>View</p> 	<ol style="list-style-type: none"> 4. Report option provides a PDF of a 'Not for Official Use' Certificate of Death'. 5. View option to open and view a specific record. When you select View, the system will take you into the Demographic and Medical sections of that specific record. To return to the queue, you can use your browsers back button. 6. # Of Pages and # of Records indicator. This is located at the bottom of the results list and will: <ol style="list-style-type: none"> a. Tell you how many total items and pages there are. b. Allow you to go to a specific page by selecting that page number or using arrows to go back and forward. c. Allow you to change how many results are displayed on each page  <ol style="list-style-type: none"> 7. Extract data from the queue criteria in various formats <ol style="list-style-type: none"> a. Microsoft Excel b. PDF c. CSV d. Microsoft Word
<p>Tips and Notes</p>	<p>Only records that have been assigned to your Local Health Department will be available to you to view/process.</p> <p>Once you have selected View and have gone into the record, if you want to perform another search you will need to return to Function/Search and start the process again.</p>
<p>More Info</p>	<p>What you see in IFDRS depends on the permissions granted to your user ID, so you may not see the same things as another user.</p>

Adding a New Record

Indiana State Department of Health
Indiana Fetal Death Registration System

Logged in as Debra Johnson - LHD APPROVER
MARION COUNTY HEALTH DEPARTMENT
Gateway Home Logout

Home Functions Queues Reports Extracts Help

Add New Record [Show Help](#)

General Information

Record Type (*)

Gestation (*)

BTP Number

Coroner Case Number

EFDR Number

Fetus Name

First Name (*)

Middle Name

Last Name (*)

Suffix

Mother Name

First Name (*)

Middle Name

Last Name (*)

Suffix

Fetus Information

Time of Delivery (Standard or Military time)

Date of Deliver (mm/dd/yyyy)(*)

Gender (*)

Funeral Home

Funeral Home (*)

Procedure

Adding a New Record

Introduction


The Local Health Department has permissions to add records that were filed in 2010 or earlier.

Use these steps to add a new record to the IFDRS. This function will search for duplicate records and for a non-duplicate record; the record will be added and assigned an Electronic Fetal Death Record#.

Once the record is added, the system will take you to the Demographic Section. The new record will be available in the work queues and will be in pending status. At this time you can navigate to other areas of the system such as the **Home** page.

When records are added by the Local Health Department, both the Demographic and Medical sections must be completed. Once these are completed the record can be released and approved.

<p>Steps to Follow</p> <div data-bbox="245 262 597 310">Add New Record</div> <div data-bbox="245 1560 363 1608">Search</div>	<ol style="list-style-type: none"> 1. Access IFDRS 2. Click the Add New Record under the Functions tab. 3. Enter General Information <ol style="list-style-type: none"> a. Select Record Type <i>(required field)</i> <ol style="list-style-type: none"> i. Missing ii. Identified iii. Unidentified b. Select Gestation <i>(required field)</i> <ol style="list-style-type: none"> i. Less than 20 Weeks ii. More than 20 Weeks c. Enter BTP Number d. Enter Coroner Case Number e. Enter EFDR Number 4. Enter Fetus Name Information <ol style="list-style-type: none"> a. First Name <i>(required field)</i> b. Middle Name c. Last Name <i>(required field)</i> d. Select Suffix <i>(if applicable)</i> 5. Enter Mother Name Information <ol style="list-style-type: none"> a. First Name <i>(required field)</i> b. Middle Name c. Last Name <i>(required field)</i> d. Select Suffix <i>(if applicable)</i> 6. Enter Fetus Information <ol style="list-style-type: none"> a. Time of Delivery <ol style="list-style-type: none"> i. Time ii. AM/PM <i>(if time entered in standard time)</i> b. Date of Delivery <i>(required field)</i> c. Gender <i>(required field)</i> <ol style="list-style-type: none"> i. Male ii. Female iii. Unknown 7. Select Funeral Home: from drop down box. 8. Search: This button performs a search for duplicate records. <ol style="list-style-type: none"> a. If possible duplicate record is found; a duplicate screen will appear with a list of the possible duplicate. You can: <ol style="list-style-type: none"> i. Retrieve the record by selecting Retrieve in the record. ii. Go back to Change: This returns you to the record you added to make changes. iii. Cancel: Returns you to the record you added. b. If no duplicate the Add New button is highlighted.
---	--

	<p>9. Add New: This function adds the record, assigns the EFDR #, and takes you to the Record Demographic page.</p>
<p>Tips and Notes</p>	<p>When you select a specific function your workspace moves from the Home page. You can return to the Home page by moving your mouse to the Home tab and clicking.</p> <p>If you are in the process of adding a new record and return to the Home page before you have selected Add New in the Add New Record page, the data you entered will be reset.</p>
<p>More Info</p>	<p>What you see in IFDRS depends on the permissions granted to your user ID, so you may not see the same things as another user.</p>

Demographic Data – Adding/Updating

The screenshot displays the IFDRS (Indiana Fetal Death Registration System) interface. At the top, the header includes the Indiana State Department of Health logo and the text "INDIANA STATE DEPARTMENT OF HEALTH Indiana Fetal Death Registration System". On the right, it shows the user is logged in as "Debra Johnson - LHD APPROVER" from the "MARION COUNTY HEALTH DEPARTMENT", with links for "Gateway Home" and "Logout".

Below the header is a navigation bar with links: Home, Functions, Queues, Reports, Extracts, and Help. The main content area shows a record for "Fetus Name: Babyx Doe" with a "Date of Delivery: 12/30/2008" and "Mother's Name: MotherX, Doe". The "EFDR #: 292" is also displayed.

A "Record Status" bar is visible, showing a green dot under "Pending" and grey dots under "Resolved", "Released", "LHD Approved", "ISDH Reviewed", and "Completed". Below this are tabs for "Demographic" and "Medical". Under the "Demographic" tab, there are sub-tabs for "Fetus", "Place of Delivery", "Mother", "Mother's Address", "Mother's Origin", "Father", "Funeral Home", and "Medical Certifier".

The "General Information" section includes fields for "Record Type (*)" (Identified), "Gestation (*)" (More than 20 weeks), "BTP # (*)" (546789413), "Coroner #" (513246987), and "Less than 48 hours? (*)" (Select). The "Fetus Name" section has fields for "First Name (*)" (Babyx), "Middle Name", "Last Name (*)" (Doe), and "Suffix". The "Fetus Information" section includes "Time of Delivery Type" (Select), "Time of Delivery (Standard or Military time)" (08:10 PM), "Date of Delivery Type (*)" (Select), "Date of Delivery (mm/dd/yyyy) (*)" (12/30/2008), and "Gender (*)" (Male).

At the bottom right, there are "Save" and "Save & Validate" buttons. On the far right, there is a vertical sidebar with "Record Actions" and "Event History" buttons.

Procedure Demographic Data

Introduction

Use these steps to enter and complete the **Demographic** section of IFDRS.

Please note:

- The **Record Status Bar** above the Demographic and Medical tabs. This is a visual status bar that tracks each process through to completion.

The Record Status Bar shows a sequence of status options: Pending (with a green dot), Resolved, Released, LHD Approved, ISDH Reviewed, and Completed (with a grey dot).


- The **Record Information** in the blue banner above the Record Status, this provides basic information for verification you are in the correct record.

Fetus Name: Baby C Test Date of Delivery: 10/1/2010 Mother's Name: Mother, Test EFDR #: 281

- The Fetal Death Record is divided into two sections, Demographic and Medical. Access to these sections will depend on your role permissions.

Record Actions

Event History

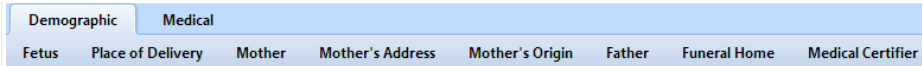


Save

Save & Validate

- There 2 Function tabs on the right side of form:
 - Record Actions
 - Save
 - Delete
 - Save and Validate
 - Print
 - Report of Fetal Death Form
 - Event History
 - View Event History

- The Demographic section is divided into 8 different Tabs.
 - Fetus
 - Place of Delivery
 - Mother
 - Mothers Address
 - Mothers Origin
 - Father
 - Funeral Home
 - Medical Certifier



- The data that was entered on the New Record page will automatically be transferred to the appropriate Demographic page.
- The system allows you to tab from field to field outlining the field you are on.
- You can navigate between Tabs by selecting the directional red arrows at the bottom right of the page, or by selecting the tab of the page you would like to go to.
- You can move between Tabs without saving data on each page. However, please note, if you are logged out by system inactivity or loss of connection, any data not saved will be lost.
- **Save vs. Save & Validate:** You can save data as you enter each page; this allows you to start a record and come back to it later. **Validate**, checks that data you entered against the IFDRS Edits and Audits. This step is necessary to move from Pending Status to Demographic Resolved Status.

<div>Steps to Follow</div> <div> <input type="button" value="Save"/> <input type="button" value="Save & Validate"/> </div>	<div> <ol style="list-style-type: none"> Enter the following sections <ol style="list-style-type: none"> Fetus Data Place of Delivery Data Mother Mother's Address Mother's Origin Father Funeral Home Medical Certifier Save or Save and Validate Resolve any Edit/Audits (if any) </div> <div> <div>Save & Validate</div> <div> <div>Validation Results</div> <table> <tr> <th>Tab</th><th>Screen Group</th><th>Error Message</th><th>Check to override</th></tr> <tr> <td>DesignateMedicalCertifier</td><td>Medical Certifier</td><td>Medical Certifier must be designated</td><td><input type="checkbox"/></td></tr> </table> <div>Fix</div> </div> </div>	Tab	Screen Group	Error Message	Check to override	DesignateMedicalCertifier	Medical Certifier	Medical Certifier must be designated	<input type="checkbox"/>
Tab	Screen Group	Error Message	Check to override						
DesignateMedicalCertifier	Medical Certifier	Medical Certifier must be designated	<input type="checkbox"/>						
<div>Tips and Notes</div> <div>More Info</div>	<div>Remember, if you are inactive for 10 minutes the system will automatically log you out and any data not saved will need to be re-entered.</div>								

Fetus Data

INDIANA STATE DEPARTMENT OF HEALTH
Indiana Fetal Death Registration System

Logged in as Debra Johnson - LHD APPROVER
MARION COUNTY HEALTH DEPARTMENT
Gateway Home Logout

Home Functions Queues Reports Extracts Help

Fetus Name: Babyx Doe Date of Delivery: 12/30/2008 Mother's Name: MotherX, Doe EFDR #: 292

Record Status Pending Resolved Released LHD Approved ISDH Reviewed Completed

Demographic Medical

Fetus Place of Delivery Mother Mother's Address Mother's Origin Father Funeral Home Medical Certifier

Show Help

General Information

Record Type (*) Identified Gestation (*) More than 20 weeks BTP # (*) 546789413 Coroner # 513246987 Less than 48 hours? (*) Select

Fetus Name


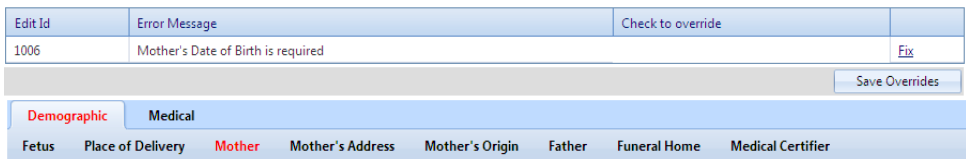
First Name (*) Babyx Middle Name Last Name (*) Doe Suffix

Fetus Information

Time of Delivery Type Select Time of Delivery (Standard or Military time) 08:10 PM Date of Delivery Type (*) Select Date of Delivery (mm/dd/yyyy) (*) 12/30/2008 Gender (*) Male

Save Save & Validate

Procedure	Demographic Data: Fetus Data
Introduction	Use these steps to enter and complete the Fetus Data in the Demographic section of IFDRS.
Steps to Follow	<ol style="list-style-type: none"> 1. Enter General Information: <ol style="list-style-type: none"> a. Record Type: Data was brought forward from New Record page. <i>(required field)</i> b. Gestation: Data was brought forward from New Record page. <i>(required field)</i> c. BTP#: Verify that this is correct. Data was brought forward from New Record page. <i>(required field)</i> d. Coroner #: Verify that this is correct if entered in New Record page, or enter data. e. Less than 48 Hours?: <i>To be completed by Funeral Director</i> 2. Enter Fetus Name: <ol style="list-style-type: none"> a. First Name: Verify that this is correct. Data was brought forward from New Record page. <i>(required field)</i> b. Middle Name: Verify that this is correct if entered in New Record page, or enter data if available. c. Last Name: Verify that this is correct. Data was brought forward from New Record page. <i>(required field)</i> d. Suffix: Verify that this is correct if entered in New Record page, or enter data if available.

	<p>3. Enter Fetus Information:</p> <ul style="list-style-type: none"> a. Time of Delivery Type: Select from drop down box. <ul style="list-style-type: none"> i. Actual ii. Presumed b. Time of Delivery: Verify that this is correct. Data was brought forward from New Record page. <i>(required field)</i> c. Date of Delivery Type: Select from drop down box. <i>(required field)</i> <ul style="list-style-type: none"> i. Actual ii. Presumed d. Date of Delivery: Verify that this is correct. Data was brought forward from New Record page. <i>(required field)</i> e. Gender: Verify that this is correct. Data was brought forward from New Record page. <i>(required field)</i> <p>4. Save or Save and Validate</p> <p>4. Proceed to Place of Delivery by using arrows or select</p>
<p>Tips and Notes</p>	<p>If you Save and Validate and there are errors found during the Edit/Audit process, the system will return an error box that will provide you with the issues that need to be resolved. The system will also highlight in red the sections where data needs to be completed.</p> 
<p>More Info</p>	

Place of Delivery

INDIANA STATE DEPARTMENT OF HEALTH
Indiana Fetal Death Registration System

Logged in as Debra Johnson - LHD APPROVER
MARION COUNTY HEALTH DEPARTMENT
[Gateway Home](#) [Logout](#)

Home Functions Queues Reports Extracts Help

Fetus Name: Babyx Doe Date of Delivery: 12/30/2008 Mother's Name: MotherX, Doe EFDR #: 292

Record Status Pending Resolved Released LHD Approved ISDH Reviewed Completed

Demographic Medical

Fetus Place of Delivery Mother Mother's Address Mother's Origin Father Funeral Home Medical Certifier

[Show Help](#)

Place of Delivery
Place Where Delivery Occurred:
Specify:
Facility:
NPI:
LHD: MARION COUNTY HEALTH DEPARTMENT

Address of the place of delivery
Building #: Pre Direction:
Street Name:
Street Type: Post Direction:
Apt #:
State: INDIANA
County:
City/Town:
Zip: Ext:

Save Save & Validate

Procedure

Demographic Data: Place of Delivery

Introduction	Use these steps to enter and complete the Place of Delivery in the Demographic section of IFDRS.
Steps to Follow	<ol style="list-style-type: none"> 1. Enter Place of Delivery: <ol style="list-style-type: none"> a. Place where delivery occurred: Use drop down to make selection: <ol style="list-style-type: none"> i. Hospital ii. Freestanding Birthing Center iii. Home (Intended) iv. Home (Unintended) v. Clinic/Doctors Office b. Specify: This field is opened for entry when 'Other' is chosen as the Place of Delivery. c. Facility: This field is opened for entry when the following Place of Delivery is selected: <ol style="list-style-type: none"> i. Hospital ii. Freestanding Birthing Center iii. Clinic/Doctors Office d. NPI: This field will be populated based on Facility selected. e. LHD: Depending on the Place of Delivery this field is either auto-populated or you will need to use a drop down box <ol style="list-style-type: none"> i. You will need to select the LHD when the following Place

<div data-bbox="240 909 451 936" data-label="Text"> <p>Save Save & Validate</p> </div> <div data-bbox="240 974 393 1022" data-label="Image"> </div>	<p>of Delivery is selected:</p> <ol style="list-style-type: none"> 1. Home (Intended) 2. Home (Unintended) 3. Other <p>2. Address of the Place of Delivery: If a specific Facility is selected in the Facility field under Place of Delivery the address information in this block will be automatically populated and no further information is needed. If a specific Facility is not chosen the below fields will need to be populated.</p> <ol style="list-style-type: none"> a. Building Nbr: b. Pre Direction: Select from drop down box c. Street Name: d. Street Type: Select from drop down box e. Post Direction: Select from drop down box f. Apt# g. State/Country: Select from drop down box h. County: Select from drop down box i. City/Town: Select from drop down box j. Zip: Select from drop down box k. Ext: <p>5. Save or Save and Validate</p> <p>3. Proceed to Mother by using arrows or select</p>
<p>Tips and Notes</p>	
<p>More Info</p>	

Mother

INDIANA STATE DEPARTMENT OF HEALTH
Indiana Fetal Death Registration System

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MARION COUNTY HEALTH DEPARTMENT
[Gateway Home](#) | [Logout](#)

Home Functions Queues Reports Extracts Help

Fetus Name: Babyx Doe Date of Delivery: 12/30/2008 Mother's Name: MotherX, Doe EFDR #: 292

Record Status Pending Resolved Released LHD Approved ISDH Reviewed Completed

Demographic Medical

Fetus Place of Delivery **Mother** Mother's Address Mother's Origin Father Funeral Home Medical Certifier

[Show Help](#)

Mother's Current Legal Name

First Name: MotherX
Middle Name:
Last Name: Doe
Suffix:

Mother Married
(At delivery, conception, or anytime between)

Mother's Birth


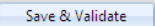


Date of Birth: / / Age: 0
Place of Birth:
Birth Place:

Mother's Name Prior to First Marriage (Maiden Name)

First Name:
Middle Name:
Last Name:
Suffix:

Save Save & Validate

Procedure Demographic Data: Mother	
Introduction	Use these steps to enter and complete the Mother page in the Demographic section of IFDRS.
Steps to Follow	<ol style="list-style-type: none"> Enter Mother Current Legal Name: <ol style="list-style-type: none"> First Name: Verify that this is correct. Data was brought forward from New Record page. <i>(required field)</i> Middle Name: Verify that this is correct if entered in New Record page, or enter data if available. Last Name: Verify that this is correct. Data was brought forward from New Record page. <i>(required field)</i> Suffix: Verify that this is correct if entered in New Record page, or use drop down to select data if available. Mothers Birth: <ol style="list-style-type: none"> Date of Birth: Enter Month / Day / Year in the following format: MM/DD/YYYY Age: System will automatically calculate age based on the date of birth entered. Place of Birth: Select from drop down box.

   	<p>d. Birth Place: Select from drop down box.</p> <p>3. Mother Married:</p> <p>a. At Delivery, conception, or anytime in between, use drop down to select data :</p> <ul style="list-style-type: none"> i. Yes ii. No iii. Unknown <p>4. Mother's Name Prior to First Marriage:</p> <p>a. First Name: Verify that this is correct. Data was brought forward from New Record page. <i>(required field)</i></p> <p>b. Middle Name: Verify that this is correct if entered in New Record page, or enter data if available.</p> <p>c. Last Name: Enter Mothers Maiden Name.</p> <p>d. Suffix: Verify that this is correct if entered in New Record page, or enter data if available.</p> <p>5. Save or Save & Validate</p> <p>6. Proceed to Mother's Address by using arrows or select</p>
Tips and Notes	Mother Date of Birth is a required field.
More Info	

Mother's Address

Indiana State Department of Health
Indiana Fetal Death Registration System

Logged in as Debra Johnson - LHD APPROVER
MARION COUNTY HEALTH DEPARTMENT
Gateway Home Logout

Home Functions Queues Reports Extracts Help

Fetus Name: Babyx Doe Date of Delivery: 12/30/2008 Mother's Name: MotherX, Doe EFDR #: 292

Record Status
 Pending Resolved Released LHD Approved ISDH Reviewed Completed

Demographic Medical

Fetus Place of Delivery Mother Mother's Address Mother's Origin Father Funeral Home Medical Certifier

[Show Help](#)

Residential Address

Residential Place Type: US STATE Residential place: [Dropdown]

Building #: [Text Box] Pre Direction: [Dropdown]

Street Name: [Text Box] Apt#: [Text Box]

Street Type: [Dropdown] Post Direction: [Dropdown]

State: [Dropdown] County: [Dropdown]

City/Town: [Dropdown] Zip: [Dropdown]

Ext: [Text Box] Inside City Limits: [Dropdown]

Save Save & Validate

Procedure

Demographic Data: Mother's Address

Introduction	Use these steps to enter and complete the Mother's Address page in the Demographic section of IFDRS.
Steps to Follow	<ol style="list-style-type: none"> Enter Residential Address: <ol style="list-style-type: none"> Residential Place Type: Select from drop down box. Residential Place: If other than US is selected for Residential Place Type, select from drop down box. Building Nbr: Pre Direction: Select from drop down box Street Name: Apt# Street Type: Select from drop down box Post Direction: Select from drop down box State: Select from drop down box County: Select from drop down box City/Town: Select from drop down box Zip: Select from drop down box Ext: Inside City Limits: Select from drop down box Save or Save & Validate Proceed to Mother by using arrows or select
Tips and Notes	
More Info	

Mother's Origin

INDIANA STATE DEPARTMENT OF HEALTH
Indiana Fetal Death Registration System

Logged in as Debra Johnson - LHD APPROVER
MARION COUNTY HEALTH DEPARTMENT
[Gateway Home](#) [Logout](#)

Home Functions Queues Reports Extracts Help

Fetus Name: Babyx Doe Date of Delivery: 12/30/2008 Mother's Name: MotherX, Doe EFDR #: 292

Record Status Pending Resolved Released LHD Approved ISDH Reviewed Completed

Demographic Medical

Fetus Place of Delivery Mother Mother's Address **Mother's Origin** Father Funeral Home Medical Certifier

[Show Help](#)



Mother's Education
Highest Education:

Mother of Hispanic Origin?
(Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the 'No' box if mother is not Spanish/Hispanic/Latina)
☐ No, Not Spanish/Hispanic/Latina
☐ Yes, Mexican, Mexican American, Chicana
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Unknown
☐ Yes, Other Spanish/Hispanic/Latina
 Specify

Race of Mother
(Check one or more of the races to indicate what the mother considers herself to be)
☐ White ☐ Black or African American
☐ American Indian, Alaska Native
 Name of the enrolled or principal tribe
☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese
☐ Korean ☐ Vietnamese
☐ Other Asian
☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan
☐ Other Pacific Islander
☐ Other
☐ Unknown

[Save](#) [Save & Validate](#)

Procedure	
Demographic Data: Mother's Origin	
Introduction	Use these steps to enter and complete the Mother's Origin page in the Demographic section of IFDRS.
Steps to Follow	<ol style="list-style-type: none"> Mother's Education: Select from drop down box. <ol style="list-style-type: none"> Blank 8th Grade or less 9th-12th Grade, no diploma High School Graduate or GED Completed Some college credit but not degree Associate Degree Bachelors Degree Masters Degree Doctorate or Professional Degree Mother of Hispanic Origin? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the 'No' box if mother is not Spanish/Hispanic/Latina) <ol style="list-style-type: none"> No, Not Spanish/Hispanic/Latina Yes, Mexican, Mexican American, Chicana Yes, Puerto Rican

<div data-bbox="240 1052 451 1079">Save Save & Validate</div> <div data-bbox="240 1119 391 1165">   </div>	<ul style="list-style-type: none"> d. Yes, Cuban e. Unknown f. Yes, Other Spanish/Hispanic/Latina i. Specify <p>3. Race of Mother: (Check one or more of the races to indicate what the mother considers herself to be)</p> <ul style="list-style-type: none"> a. White b. Black or African American c. American Indian, Alaska Native <ul style="list-style-type: none"> i. Name of the enrolled or principal tribe: <i>(Enter information in available box)</i> d. Asian Indian e. Chinese f. Filipino g. Japanese h. Korean i. Vietnamese j. Other Asian: <i>(Enter information in available box)</i> k. Native Hawaiian l. Guamanian or Chamorro m. Other Pacific Islander: <i>(Enter information in available box)</i> n. Other: <i>(Enter information in available box)</i> o. Unknown <p>4. Save or Save and Validate</p> <p>5. Proceed to Father by using arrows or select</p>
Tips and Notes	
More Info	

Father

Indiana State Department of Health
Indiana Fetal Death Registration System

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Gateway Home | Logout

Home | Functions | Queues | Reports | Extracts | Help

Fetus Name: Babyx Doe Date of Delivery: 12/30/2008 Mother's Name: MotherX, Doe EFDR #: 292

Record Status
 Pending Resolved Released LHD Approved ISDH Reviewed Completed

Demographic Medical
 Fetus Place of Delivery Mother Mother's Address Mother's Origin **Father** Funeral Home Medical Certifier

[Show Help](#)

Father's Information
 Will this Record Include Father Information?
 First Name:
 Middle Name:
 Last Name:
 Suffix:

Father's Birth
 Date of Birth: Age:
 Place of Birth:
 Birth Place:

Procedure	
Demographic Data: Father	
Introduction	Use these steps to enter and complete the Father page in the Demographic section of IFDRS.
Steps to Follow	<ol style="list-style-type: none"> Father's Information: <ol style="list-style-type: none"> Will this Record Include Father Information? Select from drop down box. <ol style="list-style-type: none"> Blank Yes, <u>proceed to First Name</u> No, page is complete First Name Middle name Last Name Suffix (Select from drop down box.) Father's Birth <ol style="list-style-type: none"> Date of Birth: Enter Month / Day / Year in the following format: MM/DD/YYYY Age: System will automatically calculate age based on the date of birth entered. Place of Birth: Select from drop down box. Birth Place: Select from drop down box. Save or Save and Validate Proceed to Funeral Home by using arrows or select
Tips and Notes	
More Info	

Funeral Home

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Home Functions Queues Reports Extracts Help

Fetus Name: Babyx Doe Date of Delivery: 12/30/2008 Mother's Name: MotherX, Doe EFDR #: 292

Record Status: Pending Resolved Released LHD Approved ISDH Reviewed Completed

Demographic Medical

Fetus Place of Delivery Mother Mother's Address Mother's Origin Father Funeral Home Medical Certifier

Show Help

Method of Disposition
Method:
Other:


Funeral Service Licensee or Other Agent
Funeral Director:
Was Coroner Contacted:

Name and Address of Funeral Home
Funeral Home Name: FLANNER & BUCHANAN CARMEL
Address: State:
County: City:
Zip:
License Number:
Additional Funeral Service Provider:

Place Of Disposition
Place of Disposition Name:
Type:
State/Foreign Country:
City:

Save Save & Validate

Procedure Demographic Data: Funeral Home	
Introduction	Use these steps to enter and complete the Funeral Home page in the Demographic section of IFDRS.
Steps to Follow	<ol style="list-style-type: none"> Method of Disposition: <ol style="list-style-type: none"> Method: Select from drop down box. <ol style="list-style-type: none"> Blank Burial Cremation Hospital Disposition Donation Removal from State Entombment Other (Specify) Unknown Other: (Complete if 'Other' is selected from drop down box) Name and Address of Funeral Home <ol style="list-style-type: none"> Funeral Home Name: (This data was previously entered) Address: (This is automatically completed based Funeral Home Selected)

<div data-bbox="240 1016 451 1045">Save Save & Validate</div> <div data-bbox="240 1079 393 1129">  </div>	<p> c. State: <i>(This is automatically completed based Funeral Home Selected)</i> d. County: <i>(This is automatically completed based Funeral Home Selected)</i> e. City: <i>(This is automatically completed based Funeral Home Selected)</i> f. Zip: <i>(This is automatically completed based Funeral Home Selected)</i> g. License Number: <i>(This is automatically completed based Funeral Home Selected)</i> h. Additional Funeral Service provider </p> <p>3. Funeral Service Licensee or Other Agent</p> <p> a. Funeral Director: <i>Select from drop down box.</i> b. Was Coroner Contacted? <i>Select from drop down box.</i> <ul style="list-style-type: none"> i. Blank ii. Yes iii. No iv. Unknown </p> <p>4. Place of Disposition</p> <p> a. Place of Disposition Name b. Type: <i>Select from drop down box.</i> <ul style="list-style-type: none"> i. Blank ii. US State iii. Other Country </p> <p> c. State/Foreign County: <i>Select from drop down box.</i> d. City: <i>Select from drop down box.</i> </p> <p>5. Save or Save and Validate</p> <p>6. Proceed to Medical Certifier by using arrows or select</p>
Tips and Notes	
More Info	

Medical Certifier

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Home Functions Queues Reports Extracts Help

Fetus Name: Babyx Doe Date of Delivery: 12/30/2008 Mother's Name: MotherX, Doe EFDR #: 292

Record Status: Pending Resolved Released LHD Approved ISDH Reviewed Completed

Demographic Medical

Fetus Place of Delivery Mother Mother's Address Mother's Origin Father Funeral Home Medical Certifier

Currently no medical certifier is designated.

Medical Certifier Search

Certifier Type: Select Physician Type Location: First Name: Middle Name: Last Name: License #: Search Reset

Save Save & Validate

Procedure

Demographic Data: Medical Certifier

Introduction	Use these steps to enter and complete the Medical Certifier page in the Demographic section of IFDRS.
Steps to Follow	<ol style="list-style-type: none"> Medical Certifier Search: <ol style="list-style-type: none"> Certifier Type: Select from drop down box. <ol style="list-style-type: none"> Physician Coroner Health Officer Location: First Name Middle Name Last Name License # Search or Reset <ol style="list-style-type: none"> Search: <ol style="list-style-type: none"> After you enter the data needed for your search, click on the 'Search' button with your mouse and the system will bring back all results that matched your input data. If no match is found to your input data, the system will return 'No records to display' Reset: Results: If you the data you entered in the search fields match records, the results screen will be returned with one or more records.

	Certifier Name	License Number	Location Name	Is Participant
Select	WARREN DEAN, BONTRAGER	01030959A		Not Participating
Select	ERIKA , RAGER	01062179A	WISHARD HOSPITAL	Participant
Select	JEFFREY A., BONTRAGER	01066708A	WISHARD HOSPITAL	Not Participating

4. **Select:** Select the Medical Certifier from this results list by clicking on the Select next to the record.

5. **Designate:** Once you have selected the correct record, you will need to **designate** the Medical Certifier by clicking your mouse on the Designate Icon. Once you have designated the Medical Certifier the system will return a new window 'Currently Designated'. Please review the data to ensure you have made the correct selection.

- If correct: Save or Save and Validate**
- If incorrect: Select the Re-Designate button** *Select from drop down box.*
 - Blank
 - US State
 - Other Country
- State/Foreign County:** *Select from drop down box.*
- City:** *Select from drop down box.*

Designated Medical Certifier

Name: ERIKA , RAGER ☒ Participant Email: MAMBATY@ISDH.IN.GOV Phone: 317-217-3000

Address: , 1001 W 10TH ST, INDIANA, INDIANAPOLIS, 46202

6. **Save or Save and Validate**

7. **Go to Medical page.**



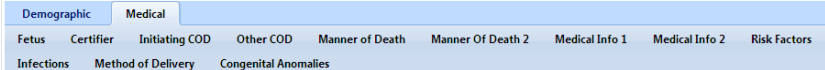
Designate


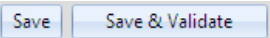
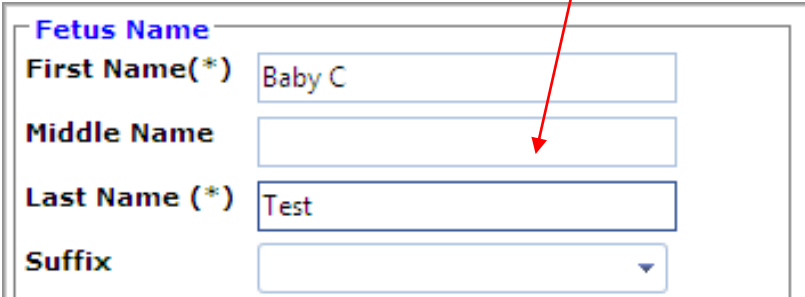

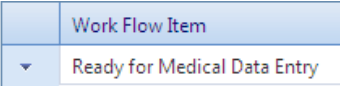


Save Save & Validate


Tips and Notes

More Info

Medical Data: Create / Update Medical Report

Procedure	Create/Update Medical Record
<p>Introduction</p> 	<p>Use these steps to update the Medical Record.</p> <ul style="list-style-type: none"> The Record Information in the blue banner above the Record Status, this provides basic information for verification you are in the correct record.  <ul style="list-style-type: none"> The Fetal Death Record is divided into two sections, Demographic and Medical. Access to these sections will depend on your role permissions. There 2 Function tabs on the right side of form: <ul style="list-style-type: none"> Record Actions <ul style="list-style-type: none"> Save Delete Save and Validate Print Report of Fetal Death Form Event History <ul style="list-style-type: none"> View Event History The Medical portion of the Fetal Death Record consists of 12 separate tabs: <ol style="list-style-type: none"> Fetus Certifier Initiating COD Other COD Manner of Death Manner of Death 2 Medical Info 1 Medical Info 2 Risk Factors Infections Method of Delivery Congenital Anomalies 

 	<ul style="list-style-type: none"> The pages are set-up to allow you to tab from field to field with the field your cursor is on outlined.  <ul style="list-style-type: none"> You can navigate between Tabs by selecting the tab of the page you would like to go to, or by selecting the directional red arrows at the bottom right of the page. You can move between Tabs without saving data on each page. However, please note, if you are logged out by system inactivity or loss of connection, any data not saved will be lost. Save vs. Save & Validate: You can save data as you enter each page; this allows you to start a record and come back to it later. Validate, checks that data you entered against the IFDRS Edits and Audits. This step is necessary to move from Pending Status to Demographic Resolved Status. Once all Tabs are completed and all Edit/Audits are resolved the Status Bar will show that the Medical Section is Resolved. You can then proceed to Certification. 
<p>Steps to Follow</p>   	<ol style="list-style-type: none"> Access IFDRS From the Home Page and either Less than 48 Hours Cremation Tab or the General Tab, click the arrow next to Ready for Medical Data Entry. Please note: You may have records in both workflows. From List of Records, select the record you want to release by clicking on "View". This will take you into the demographic section of the record. Please note, records that are overdue are indicated with the Overdue Icon. The record will open to the Medical Tab.

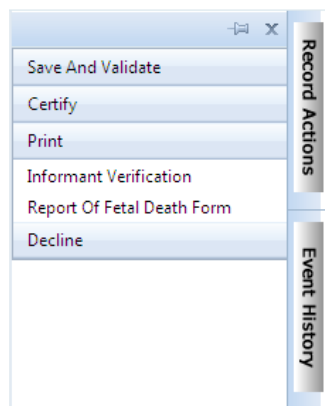
EFDR#	Fetus Name	Date of Delivery	Mother	LHD	Gestation	# of days	
289	Baby A, Doe	10/30/2010	Jane, Doe	MARION COUNTY HEALTH DEPARTMENT	M	5	View
 276	Infant, Nine	10/17/2010	Mother, Nine	MARION COUNTY HEALTH DEPARTMENT	M	19	View

4. You will notice that the Status Bar will have **Green** Lights through 'Released'. The Record Status Bar tracks the progress of each record through the entire process.



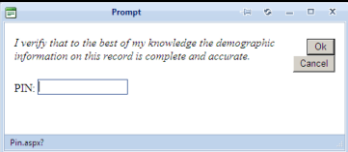
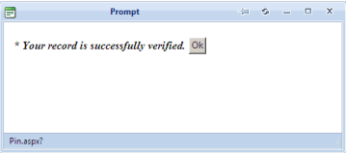

5. Enter the following sections
- Fetus
 - Certifier
 - Initiating COD
 - Other COD
 - Manner of Death
 - Manner of Death 2
 - Medical Info 1
 - Medical Info 2
 - Risk Factors
 - Infections
 - Method of Delivery
 - Congenital Anomalies

6. Select Record Actions Tab from the right side of the screen. This will open up the available actions tabs you can process for this record.

7. Select Certify

8. Enter your assigned PIN# to certify that the information is

 	<p>complete and accurate to the best of your knowledge, and select</p> <ol style="list-style-type: none"> OK: to complete the verification process Cancel to return to the record. <p>If you select OK, you will be presented with a verification screen. Select OK. The system will:</p> <ol style="list-style-type: none"> Return you to the demographic page of the record you just verified. A system generated e-mail will be sent to your indicating that a record has been verified. There is no action required, this is a security measure. An email will also be generated to the Local Health Department for their notification. The Record Status will change and reflect the completion of the Verification process. 
Tips and Notes	<p>Remember, if you are inactive for 10 minutes the system will automatically log you out and any data not saved will need to be re-entered.</p>
More Info	<p>What you see in IFDRS, Record Actions will depend on the permissions granted to your user ID, you may not see the same things as another user.</p>

Fetus Page

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Indiana Fetal Death Registration System

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Home Functions Queues Reports Extracts Help

Fetus Name: BabyX Doe Date of Delivery: 11/10/2010 Mother's Name: Jane, Doe EFDR #: 294

Record Status Pending Resolved Released Approved Completed

Demographic Medical

Fetus Certifier Initiating COD Other COD Manner of Death Manner Of Death 2 Medical Info 1 Medical Info 2 Risk Factors
Infections Method of Delivery Congenital Anomalies

Show Help

General Information

Record Type (*) Identified
Less than 48 hours? (*) Select
Gestation (*) Less than 20 weeks
Is mother alive? (*) Yes
BTP # (*) 7895623
Medicaid #
Coroner Case # 8945624
Medical Record #

Fetus Name

First Name (*) BabyX
Middle Name
Last Name (*) Doe
Suffix



Date of Delivery

Time of Delivery Type ACTUAL
Time of Delivery 04:15 AM/PM PM
Date of Delivery Type (*) ACTUAL
Date of Delivery (mm/dd/yyyy) (*) 11/10/2010
Gender (*) Male
Plurality (*) Select Plurality
Birth Order (*)

Save Save & Validate


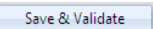


Procedure Medical Data: Fetus Page

Introduction	Use these steps to enter and complete the Fetus Data in the Medical section of IFDRS.
Steps to Follow	<ol style="list-style-type: none"> Enter General Information: Most fields will already been completed from data entered by the Funeral director. <ol style="list-style-type: none"> Record Type: Data was brought forward from New Record page. Gestation: Data was brought forward from New Record page. BTP#: Data was brought forward from New Record page. Coroner Case #: Data was brought forward from New Record page. Less than 48 Hours?: No entry required Is Mother Alive?: Select Yes or No <i>(required field)</i> Medicaid #: Medical Record #: Enter Fetus Name: <ol style="list-style-type: none"> First Name: Data was brought forward from Demographic Section. <i>(required field)</i> Middle Name: Data was brought forward from Demographic Section. Last Name: Data was brought forward from Demographic Section. <i>(required field)</i> Suffix: Verify that this is correct if data is available. Data was brought forward from Demographic Section.

<div data-bbox="240 1339 410 1360">Save Save & Validate</div> <div data-bbox="240 1402 394 1455">   </div>	<p>3. Enter Date of Delivery Information:</p> <ul style="list-style-type: none"> a. Time of Delivery Type: Data will be brought forward from Demographic Section if entered. Select from drop down box. <ul style="list-style-type: none"> i. Actual ii. Presumed b. Time of Delivery: Verify that this is correct. Data was brought forward from Demographic Section. <i>(required field)</i> c. Date of Delivery Type: Select from drop down box. <i>(required field)</i> <ul style="list-style-type: none"> i. Actual ii. Presumed d. Date of Delivery: Verify that this is correct. Data was brought forward from Demographic Section. <i>(required field)</i> e. Gender: Verify that this is correct. Data was brought forward from Demographic Section. <i>(required field)</i> f. Plurality: Select from drop down box. <i>(required field)</i> <ul style="list-style-type: none"> i. Single ii. Twins iii. Triplets iv. Quadruplets v. Quintuplets vi. Sextuplets vii. Septuplets viii. Octuplets or more ix. Unknown g. Birth Order: Select from drop down box. <i>(required field)</i> <ul style="list-style-type: none"> i. If Single is selected in Plurality, '1' will automatically be populated. ii. If Twins, through Octuplets are selected, the appropriated numbers will appear for selection. iii. If unknown is selected 1 through 9 will appears as your options. <p>4. Save or Save and Validate</p> <p>5. Proceed to Place of Delivery by using arrows or select</p>												
<p>Tips and Notes</p>	<p>If you Save and Validate and there are errors found during the Edit/Audit process, the system will return an error box that will provide you with the issues that need to be resolved. The system will also highlight in red the sections where data needs to be completed.</p> <div data-bbox="435 1627 1495 1906"> <p>Validation Results</p> <table border="1"> <thead> <tr> <th>Tab</th> <th>Screen Group</th> <th>Error Message</th> <th>Check to override</th> </tr> </thead> <tbody> <tr> <td>CongenitalAnomalies</td> <td>Congenital Anomalies</td> <td>Congenital Anomalies of the Fetus is required</td> <td><input type="checkbox"/></td> </tr> <tr> <td>FetusInfo</td> <td>General Information</td> <td>Coroner Case Number is required</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <div> <div>Demographic Medical</div> <div> Fetus Certifier Initiating COD Other COD Manner of Death Manner Of Death 2 Medical Info 1 Medical Info 2 Risk Factors Infections Method of Delivery Congenital Anomalies </div> </div> </div>	Tab	Screen Group	Error Message	Check to override	CongenitalAnomalies	Congenital Anomalies	Congenital Anomalies of the Fetus is required	<input type="checkbox"/>	FetusInfo	General Information	Coroner Case Number is required	<input type="checkbox"/>
Tab	Screen Group	Error Message	Check to override										
CongenitalAnomalies	Congenital Anomalies	Congenital Anomalies of the Fetus is required	<input type="checkbox"/>										
FetusInfo	General Information	Coroner Case Number is required	<input type="checkbox"/>										
<p>More Info</p>													

Certifier Page

Procedure	
Medical Data: Certifier Page	
Introduction	Use these steps to enter and complete the Certifier Data in the Medical section of IFDRS.
Steps to Follow	<ol style="list-style-type: none"> Enter Certifier Information: Verify that this is correct in the below fields. Data was brought forward from Demographic Section. <i>(required field)</i> <ol style="list-style-type: none"> Type: Name: Certifier: Address: State: County: City: Zip: License #: Attendant: <ol style="list-style-type: none"> Name: Enter name of attendant. Title: Select title from drop down box. <ol style="list-style-type: none"> Blank MD DO CNM/OM Other Midwife Other Other:

   	<p>3. Funeral Home: This information is brought forward based upon the Funeral Home who created the record. It is informational only on this screen.</p> <ul style="list-style-type: none"> a. Funeral Home: b. Funeral Director: c. Address: d. State: e. County: f. City: g. Zip: h. License: <p>4. Date Certified: This field will be automatically populated once the Medical Certification has been completed.</p> <p>5. Save or Save and Validate</p> <p>6. Proceed to Place of Delivery by using arrows or select</p>
Tips and Notes	
More Info	

Initiating Cause of Death Page

INDIANA STATE DEPARTMENT OF HEALTH
Indiana Fetal Death Registration System

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MARION COUNTY HEALTH DEPARTMENT
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Home Functions Queues Reports Extracts Help

Fetus Name: BabyX Doe Date of Delivery: 11/10/2010 Mother's Name: Jane, Doe EFDR #: 294

Record Status Pending Resolved Released Approved Completed

Demographic Medical

Fetus Certifier Initiating COD Other COD Manner of Death Manner Of Death 2 Medical Info 1 Medical Info 2 Risk Factors

Infections Method of Delivery Congenital Anomalies

[Show Help](#)

Initiating Cause/Condition
Among the choices below, please select the one that most likely began the sequence of events resulting in the death of the fetus.

☐ Cause of Death Pending

Maternal Conditions/Diseases(Specify):

Complications of Placenta, Cord, or Membranes:

☐ Rupture of Membranes ☐ Placental Insufficiency

☐ Abruptio Placenta ☐ Prolapsed Cord

☐ Other (specify) ☐ Chorioamnionitis

Other Obstetrical or Pregnancy Complications (Specify):

Fetal Anomaly (Specify):

Fetal Injury(Specify):

Fetal Infections (Specify):

Other Fetal Conditons/Disorders(Specify):

☐ Unknown

[Save](#) [Save & Validate](#)

Procedure	
Medical Data: Initiating Cause of Death Page	
Introduction	Use these steps to enter and complete the Initiating Cause/Condition Data in the Medical section of IFDRS.
Steps to Follow	<ol style="list-style-type: none"> Initiating Cause/Condition: Among the choices below, please select the one that most likely began the sequence of events resulting in the death of the fetus. <i>(required field)</i> <ol style="list-style-type: none"> Cause of Death Pending: Check Box Maternal Conditions/Diseases (Specify): Manually enter information if applicable. Complications of Placenta, Cord, or Membranes: Check one if applicable. <ol style="list-style-type: none"> Rupture of Membranes; Placental Insufficiency; Abruptio Placenta; Prolapsed Cord; Other (specify); Input box will be available to type in Other. Chorioamnionitis Other Obstetrical or Pregnancy Complications (Specify):

<div data-bbox="240 520 451 550" data-label="Text"> <p>Save Save & Validate</p> </div> <div data-bbox="240 583 393 634" data-label="Image"> </div>	<ul style="list-style-type: none"> e. Fetal Anomaly (Specify): f. Fetal Injury(Specify): g. Fetal Infections (Specify): h. Other Fetal Conditions/Disorders(Specify): i. Unknown: Check box <p>2. Date Certified: This field will be automatically populated once the Medical Certification has been completed.</p> <p>3. Save or Save and Validate</p> <p>4. Proceed to Other Cause of Death by using arrows or select tab.</p>
<p>Tips and Notes</p>	
<p>More Info</p>	

Other Cause of Death Page

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Gateway Home | Logout

Home Functions Queues Reports Extracts Help

Fetus Name: BabyX Doe Date of Delivery: 11/10/2010 Mother's Name: Jane, Doe EFDR #: 294

Record Status Pending Resolved Released Approved Completed

Demographic Medical

Fetus Certifier Initiating COD **Other COD** Manner of Death Manner Of Death 2 Medical Info 1 Medical Info 2 Risk Factors

Infections Method of Delivery Congenital Anomalies

[Show Help](#)

Other Cause/Condition

Specify all other conditions contributing to the fetal death.

Maternal Conditions/Diseases(Specify):

Complications of Placenta, Cord, or Membranes:

☐ Rupture of Membranes ☐ Placental Insufficiency

☐ Abruptio Placenta ☐ Prolapsed Cord

☐ Other (specify) ☐ Chorioamnionitis

Other Obstetrical or Pregnancy Complications (Specify):

Fetal Anomaly (Specify):

Fetal Injury(Specify):

Fetal Infections (Specify):

Other Fetal Conditions/Disorders(Specify):

☐ Unknown

Procedure


Medical Data: Other Cause of Death Page

Introduction

Use these steps to enter and complete the Other Cause/Condition Data in the **Medical** section of IFDRS.

Steps to Follow

1. **Other/Condition:** Among the choices below, please select the one that most likely began the sequence of events resulting in the death of the fetus.
 - a. **Maternal Conditions/Diseases (Specify):** Manually enter information *if applicable*.
 - b. **Complications of Placenta, Cord, or Membranes:** *Check one if applicable.*
 - i. Rupture of Membranes;
 - ii. Placental Insufficiency;
 - iii. Abruptio Placenta;
 - iv. Prolapsed Cord;
 - v. Other (specify); Input box will be available to type in Other.
 - vi. Chorioamnionitis
 - c. **Other Obstetrical or Pregnancy Complications (Specify):**
 - d. **Fetal Anomaly (Specify):**
 - e. **Fetal Injury(Specify):**
 - f. **Fetal Infections (Specify):**
 - g. **Other Fetal Conditions/Disorders(Specify):**
 - h. **Unknown:** Check box
2. **Date Certified:** This field will be automatically populated once the Medical Certification has been completed.
3. **Save or Save and Validate**

	4. Proceed to Manner of Death by using arrows or select
Tips and Notes	
More Info	

Manner of Death Page

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Fetus Name: BabyX Doe Date of Delivery: 11/10/2010 Mother's Name: Jane, Doe EFDR #: 294

Record Status Pending Resolved Released Approved Completed

Demographic Medical

Fetus Certifier Initiating COD Other COD Manner of Death Manner Of Death 2 Medical Info 1 Medical Info 2 Risk Factors

Infections Method of Delivery Congenital Anomalies

Show Help

Manner of Death

Manner of Death: Date Pronounced Dead:

Injury

Injury? Describe How Injury Occurred:


Date of Injury Place of Injury:

Time of Injury Location (Street or Rural Route Number, City or Town, State):

Motor Vehicle Accident: Role:

Save Save & Validate

Procedure Medical Data: Manner of Death Page	
Introduction	Use these steps to enter and complete the Manner of Death Data in the Medical section of IFDRS.
Steps to Follow	<ol style="list-style-type: none"> Manner of Death: <ol style="list-style-type: none"> Manner of Death: Use drop down box to make the appropriate selection. <ol style="list-style-type: none"> Blank Natural Accident Homicide Pending Investigation Could not be determined Date Pronounced Dead: MM/DD/YYYY <i>(required field)</i> Injury: This section is completed for all Manner of Death types <u>except Natural</u> <ol style="list-style-type: none"> Injury? Use drop down to make your selection. <ol style="list-style-type: none"> Blank

<div data-bbox="240 659 282 680">Save</div> <div data-bbox="318 659 422 680">Save & Validate</div> <div data-bbox="240 726 391 772">  </div>	<p>ii. Yes iii. No</p> <p>b. Date of Injury: MM/DD/YYYY Complete if Injury? =Yes c. Time of Injury: HH:MM AM/PM Complete if Injury? =Yes d. Describe How Injury Occurred: e. Place of Injury: f. Location (Street or Rural Route Number, City or Town, State) g. Motor Vehicle Accident: i. Blank ii. Yes iii. No iv. Unknown h. Role: Complete if Motor Vehicle Accident = Yes</p> <p>3. Save or Save and Validate</p> <p>4. Proceed to Manner of Death 2 by using arrows or select</p>
Tips and Notes	
More Info	

Manner of Death 2 Page

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Indiana Fetal Death Registration System

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Fetus Name: BabyX Doe Date of Delivery: 11/10/2010 Mother's Name: Jane, Doe EFDR #: 294

Record Status Pending Resolved Released Approved Completed

Demographic Medical

Fetus Certifier Initiating COD Other COD Manner of Death Manner Of Death 2 Medical Info 1 Medical Info 2 Risk Factors

Infections Method of Delivery Congenital Anomalies

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Fetus Information

Weight Grams:

Weight Pounds/Oz:

Obstetric Estimate of Gestation (weeks):

Calculated Gestation (weeks):

Estimated Time Of Fetal Death:

Autopsy/Histological Placental Examination

Was an Autopsy Performed:

Was a Histological Placental Examination Performed?


Was Autopsy or Histological Placental Examination Results Used in Determining the Cause of Fetal Death?

Save Save & Validate

Procedure

Medical Data: Manner of Death Page

Introduction	Use these steps to enter and complete the Manner of Death 2 Data in the Medical section of IFDRS.
Steps to Follow	<ol style="list-style-type: none"> Fetus Information: <ol style="list-style-type: none"> Weight Grams: <i>(required field)</i> Weight Pounds/Oz: <i>(required field)</i> Obstetric Estimate of Gestation (weeks): <i>(required field)</i> Calculated Gestation (weeks): Estimated Time of Fetal Death: Use drop down box to make selection <i>(required field)</i> <ol style="list-style-type: none"> Dead Time First Assessment - No Labor Dead Time First Assessment - Labor Ongoing Died During Labor - After First Assessment Unknown Time of Fetal Death Autopsy/Histological Placental Examination: <ol style="list-style-type: none"> Was an Autopsy Performed: Use drop down box to make selection <i>(required field)</i> <ol style="list-style-type: none"> Blank Yes No Planned Was a Histological Placental Examination Performed? Use drop down

<div data-bbox="240 625 451 655"> <input type="button" value="Save"/> <input type="button" value="Save & Validate"/> </div> <div data-bbox="240 688 393 739">  </div>	<p>box to make selection <i>(required field)</i></p> <ul style="list-style-type: none"> i. Blank ii. Yes iii. No iv. Planned <p>c. Was Autopsy or Histological Placental Examination Results Used in Determining the Cause of Fetal Death? <i>(required field)</i></p> <ul style="list-style-type: none"> v. Blank vi. Yes vii. No viii. Unknown <p>3. Save or Save and Validate</p> <p>4. Proceed to Medical Info 1 by using arrows or select</p>
Tips and Notes	
More Info	

Medical Info 1 Page

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Fetus Name: BabyX Doe Date of Delivery: 11/10/2010 Mother's Name: Jane, Doe EFDR #: 294

Record Status: Pending Resolved Released Approved Completed

Demographic Medical

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Infections Method of Delivery Congenital Anomalies

Show Help

Mother's Health Information Did mother receive WIC food for herself because she was pregnant with this child? No Mother's Height (Feet:Inches): 05:05 Mother's Weight Pre-pregnancy (Pounds): 145 Mother's Weight At Delivery (Pounds): 160	Pregnancy History Live Births Now Living: 0 Date of Last Live Birth: MM YYYY Live Births Now Dead: 0 Number of Other Pregnancy Outcomes: 0 Date of Last Other Pregnancy Outcome: MM YYYY	Prenatal Care Prenatal Care? Yes Date of First Visit: MM DD YYYY Date of Last Visit: MM DD YYYY Total Number of Prenatal Visits For This Pregnancy: 6 Date Last Normal Menses began: MM DD YYYY
--	--	---

Save Save & Validate

Procedure

Medical Data: Medical Info 1 Page

Introduction	Use these steps to enter and complete the Medical Info 1 Data in the Medical section of IFDRS.
Steps to Follow	<ol style="list-style-type: none"> Mothers Health Information: <ol style="list-style-type: none"> Did mother receive WIC food for herself because she was pregnant with this child?: Drop down Box(<i>required field</i>) <ol style="list-style-type: none"> Yes No Unknown Mother's Height (Feet : Inches): (<i>required field</i>) Mother's Weight Pre-pregnancy (Pounds): (<i>required field</i>) Mother's Weight at Delivery (Pounds): (<i>required field</i>) Pregnancy History: <ol style="list-style-type: none"> Live Births now living: Enter number , if none please enter zero (0) (<i>required field</i>) Date of Last Live Birth: MM/YYYY Live Births Now Dead: Enter number , if none please enter zero (0) (<i>required field</i>) Number of Other Pregnancy Outcomes: Enter number , if none please

<p>Save Save & Validate</p> <p>← →</p>	<p>enter zero (0) <i>(required field)</i></p> <p>e. Date of Last Other Pregnancy Outcome: MM/YYYY</p> <p>3. Prenatal Care</p> <p>a. Prenatal Care?</p> <p>i. Yes</p> <p>ii. No</p> <p>iii. Unknown</p> <p>b. Date of First Visit (MM/DD/YYYY) <i>(required field)</i></p> <p>c. Date of Last Visit (MM/DD/YYYY) <i>(required field)</i></p> <p>d. Total Number of Prenatal Visits For This Pregnancy: <i>(required field)</i></p> <p>f. Date Last Normal Menses began: (MM/DD/YYYY) <i>(required field)</i></p> <p>4. Save or Save and Validate</p> <p>5. Proceed to Medical Info 2 by using arrows or select tab.</p>
<p>Tips and Notes</p>	
<p>More Info</p>	

Medical Info 2 Page

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Fetus Name: BabyX Doe Date of Delivery: 11/10/2010 Mother's Name: Jane, Doe EFDR #: 294

Record Status: Pending Resolved Released Approved Completed

Demographic Medical

Fetus Certifier Initiating COD Other COD Manner of Death Manner Of Death 2 Medical Info 1 Medical Info 2 Risk Factors

Infections Method of Delivery Congenital Anomalies

[Show Help](#)

Cigarette Smoking Before and During Pregnancy

Three Months Before - Cigs/Day: Packs/Day:

First Three Months - Cigs/Day: Packs/Day:

Second Three Months - Cigs/Day: Packs/Day:

Third Trimester - Cigs/Day: Packs/Day:

Mother Transfer Information

Did mother transferred for maternal, medical or fetal indicators?
Yes

Name of Facility:

Save Save & Validate

Procedure	
Medical Data: Medical Info 2 Page	
Introduction	Use these steps to enter and complete the Medical Info 2 Data in the Medical section of IFDRS.
Steps to Follow	<ol style="list-style-type: none"> Cigarette Smoking Before and During Pregnancy: Please complete either the Cigs per Day or the Pack per Day for each of the below time periods. If none, please enter <0>. <ol style="list-style-type: none"> Three Months Before- <i>(Can override)</i> First Three Months-<i>(Can override)</i> Second Three Months- <i>(Can override)</i> Third Trimester - <i>(Can override)</i> Mother Transfer Information: <ol style="list-style-type: none"> Was mother transferred for maternal, medical, or fetal indicators?: <i>(required field)</i> <ol style="list-style-type: none"> Yes No Name of Facility: Save or Save and Validate Proceed to Medical Info 2 by using arrows or select tab.
Tips and Notes	
More Info	

Risk Factors Page

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Home Functions Queues Reports Extracts Help

Fetus Name: BabyX Doe Date of Delivery: 11/10/2010 Mother's Name: Jane, Doe EFDR #: 294

Record Status Pending Resolved Released Approved Completed

Demographic Medical

Fetus Certifier Initiating COD Other COD Manner of Death Manner Of Death 2 Medical Info 1 Medical Info 2 **Risk Factors**

Infections Method of Delivery Congenital Anomalies

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Risk Factors in this Pregnancy
(Check all that apply)

☒ None

Diabetes

☐ Pre-pregnancy (Diagnosis prior to this pregnancy)

☐ Gestational (Diagnosis in this pregnancy)

Hypertension

☐ Pre-pregnancy

☐ Gestational (PIH, Preeclampsia)

☐ Eclampsia

☐ Previous preterm birth

☐ Other previous poor pregnancy outcome (Includes perinatal, small-for-gestational age/intrauterine growth restricted birth)

☐ Pregnancy resulted from infertility treatment-if yes, check all that apply:

☐ Fertility-enhancing drugs, Artificial insemination or Intrauterine insemination

☐ Assisted Reproductive Technology (e.g., in vitro, fertilization (IVF), gamete intrafallopian transfer (GIFT))

☐ Mother had a previous caesarian delivery

If checked, how many previous caesarian deliveries?

☐ Unknown

[Save](#) [Save & Validate](#)

Record Actions Event History

Procedure

Medical Data: Risk Factors Page

Introduction


Use these steps to enter and complete the Risk Factors Data in the **Medical** section of IFDRS.

At least one selection is required.

Steps to Follow

1. Risk Factors in this Pregnancy: (Check all that apply)

- a. None
- b. Diabetes
 - i. Pre-pregnancy (Diagnosis prior to this pregnancy)
 - ii. Gestational (Diagnosis in this pregnancy)
- c. Hypertension
 - i. Pre-pregnancy
 - ii. Gestational (PIH, preeclampsia)
 - iii. Eclampsia
- d. Previous preterm birth
- e. Other previous poor pregnancy outcome (Includes perinatal, small-for-gestational age/intrauterine growth restricted birth)
 - i. Fertility-enhancing drugs, Artificial insemination or Intrauterine insemination
 - ii. Assisted Reproductive Technology (e.g., in vitro, fertilization)

<div data-bbox="240 415 451 445"> <input type="button" value="Save"/> <input type="button" value="Save & Validate"/> </div> <div data-bbox="240 478 393 529">  </div>	<p>(IVF), gamete intrafallopian transfer(GIFT)</p> <ul style="list-style-type: none"> f. Mother had a previous caesarian delivery <ul style="list-style-type: none"> i. If checked, how many previous caesarian deliveries? g. Unknown <p>2. Save or Save and Validate</p> <p>3. Proceed to Infections by using arrows or select tab.</p>
<p>Tips and Notes</p>	
<p>More Info</p>	

Infections Page

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Fetus Name: BabyX Doe Date of Delivery: 11/10/2010 Mother's Name: Jane, Doe EFDR #: 294

Record Status Pending Resolved Released Approved Completed

Demographic Medical

Fetus Certifier Initiating COD Other COD Manner of Death Manner Of Death 2 Medical Info 1 Medical Info 2 Risk Factors

Infections Method of Delivery Congenital Anomalies

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Infections
Present and/or Treated During this Pregnancy

☐ 00. None

☐ 01. Gonorrhea

☐ 02. Syphilis

☐ 03. Chlamydia

☐ 04. Listeria

☐ 05. Group B Streptococcus

☐ 06. Cytomegalovirus

☐ 07. Parvovirus

☐ 08. Toxoplasmosis

☐ 09. Other

Specify

☐ 99. Unknown

Syphilis Test
Was a Standard Licensed Diagnostic test for Syphilis performed for the Mother?

Test Given During Pregnancy or At Delivery?

Date:

If Test NOT given, Specify Reason:

Specify

HIV Test
Was a Standard Licensed Diagnostic test for HIV performed for the Mother?

Test Given During Pregnancy or At Delivery?

Date:

If Test NOT given, Specify Reason:

Specify

Save Save & Validate

Procedure

Medical Data: Infections Page

Introduction

Use these steps to enter and complete the Infections Data in the **Medical** section of IFDRS.

Steps to Follow

1. Infections: Present and/or Treated During this Pregnancy *(Check all that apply, at least one is required)*
 - a. 00. None
 - b. 01. Gonorrhea
 - c. 02. Syphilis
 - d. 03. Chlamydia
 - e. 04. Listeria
 - f. 05. Group B Streptococcus
 - g. 06. Cytomegalovirus

<div data-bbox="240 1619 451 1650" data-label="Text"> <p>Save Save & Validate</p> </div> <div data-bbox="240 1686 391 1734" data-label="Image"> </div>	<div data-bbox="617 191 1294 363" data-label="List-Group"> <ul style="list-style-type: none"> h. 07: Parvovirus i. 08: Toxoplasmosis j. 09: Other <ul style="list-style-type: none"> i. Specify: If other is selected please complete. k. 99: Unknown </div> <div data-bbox="522 405 1526 974" data-label="List-Group"> <p>2. Syphilis Test :</p> <ul style="list-style-type: none"> a. Was a Standard Licensed Diagnostic test for Syphilis performed for the Mother? <i>(Select from drop down box)</i> <ul style="list-style-type: none"> i. Yes : Go to step b ii. No : go to step C iii. Unknown b. Test Given During Pregnancy or At Delivery? <i>(Select from drop down box)</i> <ul style="list-style-type: none"> i. During Pregnancy ii. Time of Delivery iii. Unknown c. If Test NOT given, Specify Reason: <ul style="list-style-type: none"> i. Mother Refusal ii. Syphilis Status Known iii. Insurance would not pay iv. Other (Please specify) v. Unknown </div> <div data-bbox="522 1016 1477 1554" data-label="List-Group"> <p>3. HIV Test:</p> <ul style="list-style-type: none"> a. Was a Standard Licensed Diagnostic test for HIV performed for the Mother? <i>(Select from drop down box)</i> <ul style="list-style-type: none"> vi. Yes : Go to step b vii. No : go to step C viii. Unknown b. Test Given During Pregnancy or At Delivery? <ul style="list-style-type: none"> i. During Pregnancy ii. Time of Delivery iii. Unknown c. If Test NOT given, Specify Reason: <ul style="list-style-type: none"> i. Mother Refusal ii. HIV Status Known iii. Insurance would not pay iv. Other (Please specify) v. Unknown </div> <div data-bbox="522 1629 889 1661" data-label="Text"> <p>4. Save or Save and Validate</p> </div> <div data-bbox="522 1703 1310 1734" data-label="Text"> <p>5. Proceed to Method of Delivery by using arrows or select tab.</p> </div>
<p>Tips and Notes</p>	
<p>More Info</p>	

Method of Delivery Page

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Indiana Fetal Death Registration System

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Fetus Name: NameX Doe Date of Delivery: 11/17/2010 Mother's Name: Name, Doe EFDR #: 295

Record Status Pending Resolved Released Approved Completed

Demographic Medical

Fetus Certifier Initiating COD Other COD Manner of Death Manner Of Death 2 Medical Info 1 Medical Info 2 Risk Factors

Infections Method of Delivery Congenital Anomalies

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Method of Delivery

A. Was delivery with forceps attempted but unsuccessful: No

B. Was delivery with vacuum extraction attempted but unsuccessful: No

C. Fetal Presentation at birth: Cephalic

Other:

D. Final route and method of delivery: Vaginal/Spontaneous

If cesarean, was a trial of labor attempted?

E. Hysterotomy/Hysterectomy No

Maternal Morbidity (Check all that apply)

Complications associated with labor and delivery

☒ 00. None

☐ 01. Maternal Transfusion

☐ 02. Third or fourth degree perineal laceration

☐ 03. Ruptured Uterus

☐ 04. Unplanned Hysterectomy


☐ 05. Admission to intensive care unit

☐ 06. Unplanned operating room procedure following delivery

Procedure

Medical Data: Method of Delivery Page

Introduction	Use these steps to enter and complete the Method of Delivery Data in the Medical section of IFDRS.
Steps to Follow	<ol style="list-style-type: none"> 1. Method of Delivery (<i>Check all that apply, at least one is required</i>) <ol style="list-style-type: none"> a. Was delivery with forceps attempted but unsuccessful: (Select from drop down box) <ol style="list-style-type: none"> i. Yes ii. No iii. Unknown b. Was delivery with vacuum extraction attempted but unsuccessful: (Select from drop down box) <ol style="list-style-type: none"> iv. Yes v. No vi. Unknown c. Fetal Presentation at birth: <ol style="list-style-type: none"> i. Cephalic ii. Breech iii. Other (If other is selected, complete data in Other Box) d. Final route and method of delivery: <ol style="list-style-type: none"> i. Vaginal/Spontaneous ii. Vaginal/Forceps

<div data-bbox="240 982 451 1010"> <input type="button" value="Save"/> <input type="button" value="Save & Validate"/> </div> <div data-bbox="240 1045 393 1094">  </div>	<div data-bbox="618 191 1435 575"> <ul style="list-style-type: none"> iii. Vaginal/Vacuum iv. Cesarean (If Cesarean selected, complete next question) v. Unknown e. If cesarean, was a trial of labor attempted? <ul style="list-style-type: none"> i. Yes ii. No iii. Unknown f. Hysterotomy /Hysterectomy <ul style="list-style-type: none"> i. Yes ii. No iii. Unknown </div> <div data-bbox="526 617 1495 911"> <p>2. Maternal Morbidity: Complications associated with labor and delivery (Check all that apply)</p> <ul style="list-style-type: none"> a. 00. None b. 01. Maternal Transfusion c. 02. Third or fourth degree perineal laceration d. 03. Ruptured Uterus e. 04. Unplanned Hysterectomy f. 05. Admission to intensive care unit g. 06. Unplanned operating room procedure following delivery </div> <div data-bbox="526 982 889 1016"> <p>3. Save or Save and Validate</p> </div> <div data-bbox="526 1052 1365 1087"> <p>4. Proceed to Congenital Anomalies by using arrows or select tab.</p> </div>
<p>Tips and Notes</p>	
<p>More Info</p>	

Congenital Anomalies Page

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Fetus Name: NameX Doe Date of Delivery: 11/17/2010 Mother's Name: Name, Doe EFDR #: 295

Record Status Pending Resolved Released Approved Completed

Demographic Medical

Fetus Certifier Initiating COD Other COD Manner of Death Manner Of Death 2 Medical Info 1 Medical Info 2 Risk Factors

Infections Method of Delivery Congenital Anomalies

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Congenital Anomalies of the Fetus
(Check all that apply)

☒ None

☐ Anencephaly

☐ Meningomyelocele/Spina Bifida

☐ Cyanotic congenital heart disease

☐ Congenital diaphragmatic hernia

☐ Omphalocele

☐ Gastroschisis

☐ Limb induction (excluding congenital amputation and dwarfing syndromes)

☐ Clift Lip with or without Cleft Palate

☐ Cleft Palate alone

☐ Down Syndrome

Karyotype

☐ Suspected chromosomal disorder

Karyotype

☐ Hypospadias

☐ Unknown

Record Actions Event History

Procedure Medical Data: Congenital Anomalies	
Introduction	Use these steps to enter and complete the Congenital Anomalies Data in the Medical section of IFDRS.
Steps to Follow	<ol style="list-style-type: none"> 1. Congenital Anomalies of the Fetus <i>(Check all that apply, at least one is required)</i> <ol style="list-style-type: none"> a. None b. Anencephaly c. Meningomyelocele/Spina Bifida d. Cyanotic congenital heart disease e. Congenital diaphragmatic hernia f. Omphalocele g. Gastroschisis h. Limb induction (excluding congenital amputation and dwarfing syndromes) i. Clift Lip with or without Cleft Palate j. Cleft Palate alone k. Down Syndrome (If selected, please complete Karyotype) <ol style="list-style-type: none"> i. Karyotype: <ol style="list-style-type: none"> 1. Confirmed 2. Pending 3. Unknown l. Suspected chromosomal disorder (If selected, please complete Karyotype) <ol style="list-style-type: none"> i. Karyotype: <ol style="list-style-type: none"> 4. Confirmed 5. Pending 6. Unknown

<div> <input type="button" value="Save"/> <input type="button" value="Save & Validate"/> </div>	<p>m. Hypospadias n. Unknown</p> <p>2. Save or Save and Validate: You must Save and Validate to complete the record so it can be released. Once all Edit / Audits are resolved, please Save and Validate again. The status bar will change from Pending to Resolved.</p> <div> <div> Fetus Name: BabyX Doe Date of Delivery: 11/10/2010 Mother's Name: Jane, Doe EFDR #: 294 </div> <div> <div>Record Status</div> <div> <div>Pending</div> <div>Resolved</div> <div>Released</div> <div>Approved</div> <div>Completed</div> </div> </div> </div> <p>3. Proceed to Release record.</p>
<p>Tips and Notes</p>	
<p>More Info</p>	

Release Record

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Fetus Name: BabyX Doe Date of Delivery: 11/10/2010 Mother's Name: Jane, Doe EFDR #: 294

Record Status Pending Resolved Released Approved Completed

Demographic Medical

Fetus Place of Delivery Mother Mother's Address Mother's Origin Father Funeral Home Medical

General Information

Record Type (*) Identified Gestation (*) Less than 20 weeks BTP # (*) 7895623 Coroner # 8945624

Fetus Name

First Name(*) BabyX Middle Name Last Name (*) Doe Suffix

Fetus Information

Time of Delivery Type ACTUAL Time of Delivery (Sta 04:15 PM Date of Delivery Type (*) ACTUAL Date of Delivery (mm 11/10/2010 Gender (*) Male

Record Actions: Delete, Save And Validate, Release, Print, Report Of Fetal Death Form

Event History

Procedure Release Record

Introduction

Use these steps to release a record for Approval. Records must be in Released status before Approval can be completed.

You can access records that are Ready to be Released by:

1. Record Actions: From a record that you have just completed and resolved all Medical Data; or

Record Actions

Delete

Save And Validate

Release

Print

Report Of Fetal Death Form

2. From the Home Page / Workflow section under Ready to be Released

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Workflow

Less than 48 Hours Cremation General

Work Flow Item							Number of Records	
Ready to be released - Paper Version							2	
EFDR#	Fetus Name	Date of Delivery	Mother	LHD	Gestation	# of days		
295	NameX, Doe	11/17/2010	Name, Doe	MARION COUNTY HEALTH DEPARTMENT	Less than 20 weeks	0	View	
294	BabyX, Doe	11/10/2010	Jane, Doe	MARION COUNTY HEALTH DEPARTMENT	Less than 20 weeks	0	View	
Pending - Paper Version							2	

Overdue

If you have records that are Ready for Release, the system will indicate how many. To view these records, click on the arrow and the records will be displayed or hidden.

Select view of the Record you want to release to open the record.

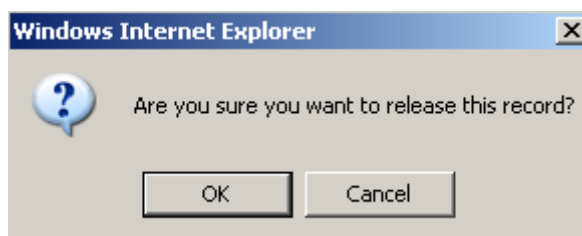
Steps to Follow

1. From the Record Actions Tab on your right select Release.



2. You will be prompted "Are you sure you want to release this record?"

- Select OK to release the record; or
- Cancel this and return to the record




	<p>3. Once the record has been released, it is now available for Approval. Status bar will now reflect Released.</p>  <p>The diagram shows a horizontal status bar with the label 'Record Status' on the left. A horizontal line with five green dots represents the progress. The dots are positioned above the labels 'Pending', 'Resolved', 'Released', 'Approved', and 'Completed'. The dots for 'Pending', 'Resolved', and 'Released' are green, while the dots for 'Approved' and 'Completed' are grey.</p>
Tips and Notes	
More Info	

Queues

Work queues or workflow provide you with a list of records that require action. You can access your workflow in 2 ways.

1. When you first login to the IFDRS you are presented with the Home Page. The Home Page displays records that are active and notifications that are within 30 days. Workflow is listed in 3 separate tabs: **Less than 48 Hours Cremation**, **General**, and **Other Locations** *(if your login is associated with other locations)*.
2. **Less than 48 Hours Cremation:** This tab will show you any records that have been labeled Less than 48 Hours Cremation so you are aware these are in your work queue and work on them first.
3. **General:** This tab will show you all the general records for your location.
4. **Other Locations:** If your login is associated with other locations, this tab will be presented and allows you to view records that are open for other locations.





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Maintenance: System
Mai




Workflow

[Less than 48 Hours Cremation](#)
[General](#)

Work Flow Item								Number of Records
Ready for Approval								1
EFDR#	Fetus Name	Date of Delivery	Mother	LHD	Gestation	# of days		
270	Infant, Three	10/20/2010	Mother, Three	MARION COUNTY HEALTH DEPARTMENT	More than 20 weeks	0	View	
Pending - Paper Version								2


Overdue



Notifications

[Delete Notifications](#)

	EFDR#	Description	Entered By	Date
No records to display.				

5. **Queues Tab** provides you access to the General Queue as well as Notification. You can search for certain records using a search function. Access to records by the Queues Tab allows you to see records that are more than 30 days old or have been completed.


Queues	Reports	Extracts	Help
General Queues		Demographic Resubmits to be approved	
Notification(s)		Medical Resubmits to be approved	
Records to be approved			

General Queues

The General Queue page has 2 sections; Demographic Data and Results.

The Demographic section allows you to select the type of records you would like to see in the Queue Type as well enter specific demographic data to perform searches of data.

The Results section displays the results based on the search criteria entered. When you first access the General Queue, all records for your login/location will be displayed.



INDIANA STATE DEPARTMENT OF HEALTH
Indiana Fetal Death Registration System

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MARION COUNTY HEALTH DEPARTMENT
[Gateway Home](#) [Logout](#)

Home Functions Queues Reports Extracts Help


Queue Type: Unresolved

Fetus Name
First Name: Middle Name: Last Name: Gender:

Mother's Name
First Name: Middle Name: Last Name: Maiden Name:

Date Of Delivery:
Month: Day: Year: EFDR#: Record Source:

Reset Search

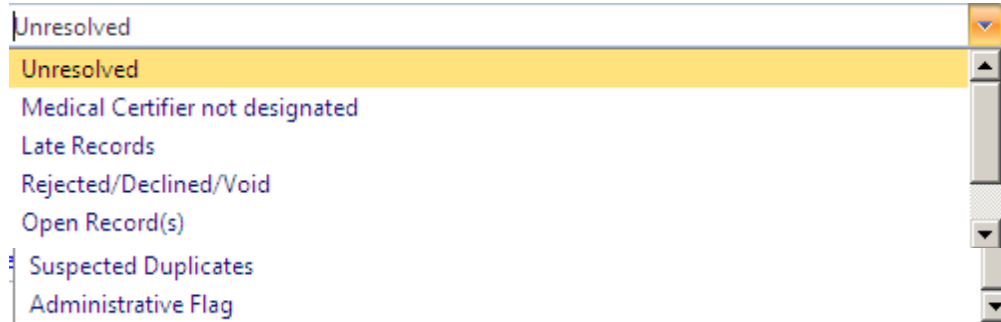
 Overdue

Unresolved Queue

EFDR#	Fetus Name	Mother Name	Date of Delivery	Time of Delivery	Gestation	Gender	Record Type	# of Days	LHD	LFN	SFN	
279	test, one	test, one		:	M	M	IDENTIFIED	25	MARION COUNTY HEALTH DEPARTMENT			View
289	Baby A, Doe	Jane, Doe	10/30/2010	05:10	M	M	IDENTIFIED	12	MARION COUNTY HEALTH DEPARTMENT			View

Queue Type

You have the option of selecting from several different queue types by selecting a type from the drop down box:



1. **Unresolved:** This queue will provide you a listing of open records for your location.
2. **Medical Certifier not designated:** This queue will provide list of all records where the Medical Certifier has not yet been designated.
3. **Late Records:** This queue will provide a list of all records that have exceeded the limit on the number of days to complete a record.
4. **Rejected/Declined/Void:** This queue will provide a list of all records for your login/location that have been rejected, declined, or voided.
5. **Open Records:** This queue will provide a complete list of all open records for your login/location.
6. **Suspected Duplicates:** This type will provide a listing of all records that are suspected duplicates.

7. **Administrative Flag:**

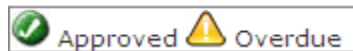
Queue Results

The Queue Results window displays the results of the specific queue and data requested in the search. The results window has several user friendly features.

Unresolved Queue

EFDR#	Fetus Name	Mother Name	Date of Delivery	Time of Delivery	Gestation	Gender	Record Type	# of Days	LHD	LFN	SFN	
279	test, one	test, one		:	M	M	IDENTIFIED	25	MARION COUNTY HEALTH DEPARTMENT			View
289	Baby A, Doe	Jane, Doe	10/30/2010	05:10	M	M	IDENTIFIED	12	MARION COUNTY HEALTH DEPARTMENT			View

1. **Status Column** that provides a quick visual for records that are Approved or Overdue.



2. Ability to **sort** on any column heading.

Fetal death main id - EFDR#	Fetus Name	Mother Name	Delivery Date	Status	Medical Certifier	Gestation	# of Days	Gender	Priority
-----------------------------	------------	-------------	---------------	--------	-------------------	-----------	-----------	--------	----------

3. **View** option to open and view a specific record. When you select View, the system will take you into the Demographic and Medical sections of that specific record. To return to the queue, you can use your browsers back button.

[View](#)

4. **# Of Pages** and **# of Records** indicator. This will appear if the record count is greater than 5. It is located at the bottom of the results list and will:
 - a. Tell you how many total items and pages there are.
 - b. Allow you to go to a specific page by selecting that page number or using arrows to go back and forward.
 - c. Allow you to change how many results are displayed on each page

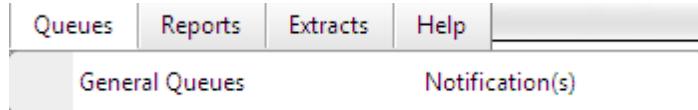
	Page size: 5	19 items in 4 pages
--	--------------	---------------------

5. **Extract** data from the queue criteria in various formats
 - a. Microsoft Excel
 - b. PDF
 - c. CSV
 - d. Microsoft Word



Notification(s) Queue

The Notification(s) Queue page displays any record where a notification has been sent to your login or on a record that is associated to your location. Notifications that are 30 days or less appear on the Home page, you can also view current and past notifications by using the Notification Queue. Notifications are issued when records are updated at specific intervals. Not all notifications require action by you.



The Notification Queue page is broken down in 2 sections.

1. Search Criteria
2. Results List









 A screenshot of the IFDRS search criteria form. The header includes the Indiana State Department of Health logo and the text 'Indiana Fetal Death Registration System'. It also shows the user is logged in as 'Erika Rager - MEDICAL CERTIFIER' at 'WISHARD HOSPITAL' with links for 'Gateway Home' and 'Logout'. The navigation bar includes 'Home', 'Functions', 'Queues', 'Reports', 'Extracts', and 'Help'. The search form contains fields for 'Entered By:', 'From Date:', 'To Date:', 'Description:', and 'Active:'. There are 'Reset' and 'Search' buttons at the bottom right.

Search Criteria

1. You can search by one or more of the following input criteria:
 - **Entered by:**
 - **From Date:** You can enter the date in MM/DD/YYYY format or select from Calendar tool.
 - **To Date:** You can enter the date in MM/DD/YYYY format or select from Calendar tool.
 - **Description:**
 - **Active:** Select from drop down box
 - Blank
 - Yes
 - No
2. Once your search criteria is entered you can select:
 - a. Search: A search will be performed based on the input criteria
 - b. Reset: Data entered into the search fields will be erased
3. Search Results: Your search results are displayed in the Results Window below the search criteria.

Search Results


Results are displayed in list form showing you the Description, Entered By, and Date for each Notification. The results window has several user friendly features.

				Refresh	Delete Notifications
				   	
<input type="checkbox"/>		Description	Entered By	Date	
<input type="checkbox"/>	View	Funeral Director Verified on this record, now in LHD queue.	LAUREN M BUDNOW	10/21/2010 8:28:09 PM	
<input type="checkbox"/>	View	Funeral Director Verified on this record, now in LHD queue.	LAUREN M BUDNOW	10/21/2010 8:29:04 PM	
  1 2 3 4 5 6 7 8 9 10 ...  				Page size: 2	42 items in 21 pages

1. **View** option to open and view a specific record. When you select View, the system will take you into the Demographic and Medical sections of that specific record. To return to the queue, you can use your browsers back button.

[View](#)

2. **# Of Pages** and **# of Records** indicator. This is located at the bottom of the results list and will:
 - a. Tell you how many total items and pages there are.
 - b. Allow you to go to a specific page by selecting that page number or using arrows to go back and forward.
 - c. Allow you to change how many results are displayed on each page.

  1 2 3 4  	Page size: 5	19 items in 4 pages
---	--------------	---------------------

3. **Extract** data from the queue criteria in various formats
 - a. Microsoft Excel
 - b. PDF
 - c. CSV
 - d. Microsoft Word



4. **Refresh and Delete Notifications:**
 - a. Refresh will update any additions/changes since you last ran the search.
 - b. Delete Notifications will delete any Notifications that you have selected with the check box.


				Refresh	Delete Notifications
--	--	--	--	---------	----------------------

Records to be Approved Queue

The Records to be Approved Queue page displays any record where there is an open record is waiting approval by the Local Health Department. Records to be approved also appear on the Home page. This queue is made up of two sections; Records to be Approved and Print Approved Records.

Queues
Reports
Extracts
Help

General Queues
Notification(s)
Records to be approved
Demographic Resubmits to be approved
Medical Resubmits to be approved


INDIANA STATE DEPARTMENT OF HEALTH
Indiana Fetal Death Registration System



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MARION COUNTY HEALTH DEPARTMENT
[Gateway Home](#) | [Logout](#)


Home
Functions
Queues
Reports
Extracts
Help

Records to be Approved
Print Approved Records

Display Search Options

Approve
Reject
View Test Print
Refresh

			ID	Record Type	Fetus Name	# of Days	Time of delivery	Date of Delivery	Started By	LFN	SFN	Report	
<input type="checkbox"/>	Details		270	IDENTIFIED	Infant, Three	26	18:00	10/20/2010	FUNERALHOME				View


INDIANA STATE DEPARTMENT OF HEALTH
Indiana Fetal Death Registration System

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MARION COUNTY HEALTH DEPARTMENT
[Gateway Home](#) | [Logout](#)

Home
Functions
Queues
Reports
Extracts
Help

Records to be Approved
Print Approved Records

From Date (Date of Delivery): To Date (Date of Delivery):
SFN Start: SFN End: Year:
LFN Start: LFN End: ☐ Pending for printing
Reset Search

Demographic Resubmits to be Approved Queue

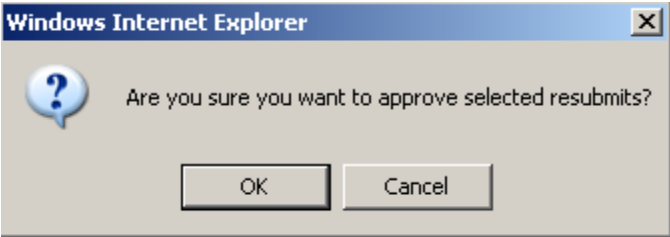
The Demographic Resubmits to be Approved Queue displays any record where there is an open Demographic Resubmit that is waiting approval by the Local Health Department.

General Queues	Demographic Resubmits to be approved
Notification(s)	Medical Resubmits to be approved
Records to be approved	

Demographic Resubmits to be Approved		View Previously Approved Demographic Resubmits									
Display Search Options											
<input type="button" value="Approve"/> <input type="button" value="Reject"/> <input type="button" value="View Selected"/> <input type="button" value="Refresh"/>											
<input type="checkbox"/>	EFDR#	Resubmit ID	Status	Resubmit Type	Resubmit Location	Resubmit By	Resubmit Date	name	Date of delivery	State File Number	Local File Number
No records to display.											

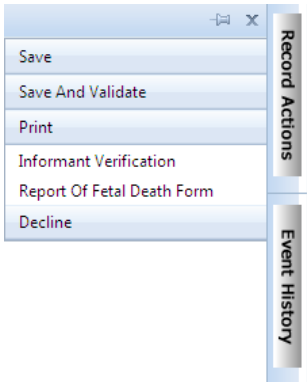
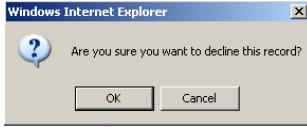
Demographic Resubmits to be Approved		View Previously Approved Demographic Resubmits	
Display Search Options			
Fetus Name First Name: <input type="text"/> Middle Name: <input type="text"/> Last Name: <input type="text"/> EFDR#: <input type="text"/>			
General SFN: <input type="text"/> LFN: <input type="text"/> Funeral Home: <input type="text"/> Funeral Director: <input type="text"/> Medical Facility: <input type="text"/> Medical Certifier: <input type="text"/>			
<input type="button" value="Reset"/> <input type="button" value="Search"/>			

Procedure	Demographic Resubmits
Introduction	<p>Demographic Resubmits queue will automatically display all open records that are waiting for approval. You can further narrow down by performing a search. To display the search window, select 'Display Search Options'.</p> <p>The Window is divided into 2 tabs:</p> <ol style="list-style-type: none"> 1. Demographic Resubmits to be Approved; and 2. View Previously Approved Demographic Resubmits <p>Resubmits can either be approved or rejected. You can also view the record.</p>
Steps to Follow	<ol style="list-style-type: none"> 1. Access Demographic Resubmits from the Queue tab. 2. Select record or perform search to locate record. 3. View Selected or View: Select one of these to view details of record. 4. Approve: Select this to approve one or more records that have

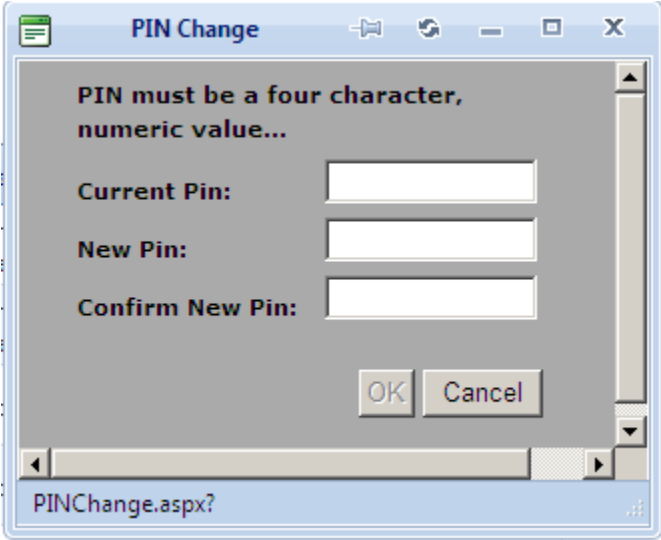
	<p>been selected.</p>  <p>5. Reject: Select this to reject one or more records.</p> <p>6. Refresh will refresh the records displayed.</p>
Tips and Notes	
More Info	

Medical Resubmits to be Approved Queue

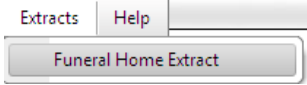
The Medical Resubmits to be Approved Queue displays any record where there is an open Medical Resubmit that is waiting approval by the Local Health Department. Records to be approved also appear

Procedure	Medical Resubmits
Introduction	Declining a record releases a record from your login/location queue and allows another user to access that record.
Steps to Follow  	<ol style="list-style-type: none"> 7. Access IFDRS 8. Access the record by selecting from your Workflow or perform a Search to access the record that you will be declining. 9. From Record Actions Tab, select Decline. 10. You will be prompted to confirm that you want to decline this record. <ol style="list-style-type: none"> a. Cancel to stop; or b. Select Ok to continue. This will remove this record from your queue and return you to the search screen.
Tips and Notes	Once you have declined a record, you can no longer view that record in your queue. The record will be available in the Funeral Director queue as Pending.
More Info	

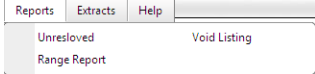
Change PIN Number

Procedure	Change PIN Number
Introduction	<p>You are assigned a PIN # when you sign up to use the IFDRS. This PIN# acts as your electronic signature. Your PIN# is required when you Certify a Record. You can change this PIN# at anytime.</p>
Steps to Follow <div data-bbox="240 611 537 821"> <div>User Document</div> <div>Help Desk</div> <div>FAQ</div> <div>Change PIN Number</div> </div>	<ol style="list-style-type: none"> 1. Access IFDRS 2. Select 'Change PIN Number' from the left side functions, Access <div data-bbox="586 642 1243 1178">  </div> 3. Enter your current PIN # 4. Enter your new PIN# 5. Confirm New PIN# 6. Select OK or Cancel
Tips and Notes	
More Info	

Extract

Procedure	Performing a Local Health Department Extract
Introduction	This functionality is yet available.
Steps to Follow 	1.
Tips and Notes	
More Info	

Reports

Procedure	Running Reports
Introduction	This functionality is yet available.
Steps to Follow 	1.
Tips and Notes	
More Info	